DOCUMENT RESUME

ED 442 035 CG 030 074

TITLE	South Dakota Youth Risk Behavior Survey Report, 1999.
INSTITUTION	South Dakota State Dept. of Human Services, Pierre.; South Dakota State Dept. of Education and Cultural Affairs, Pierre.
SPONS AGENCY	Center for Chronic Disease Prevention and Health Promotion (DHHS/CDC), Atlanta, GA. Adolescent and School Health Div.
PUB DATE	1999-00-00
NOTE	83p.
CONTRACT	U87-CCU809021-07-1
PUB TYPE	Numerical/Quantitative Data (110) -- Reports - Research (143) -- Tests/Questionnaires (160)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Behavior Patterns; Drinking; *Drug Use; Eating Habits; Exercise; *High Risk Students; *High School Students; High Schools; Illegal Drug Use; Injuries; *Risk; *Sexuality; Student Surveys; Tobacco
IDENTIFIERS	*South Dakota

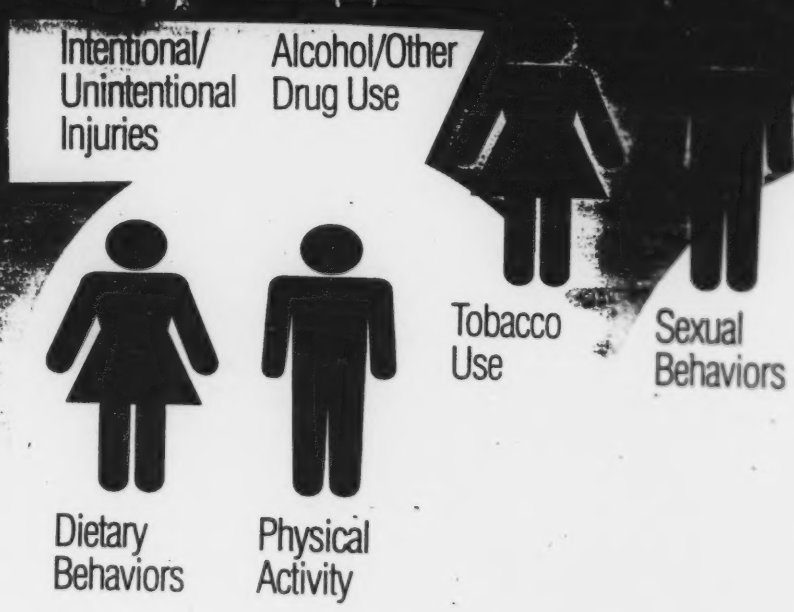
ABSTRACT

The Youth Risk Behavior Survey was cooperatively developed by Centers for Disease Control and state and local departments of health to assess six health risk behaviors of adolescents that result in the greatest number of morbidity, mortality, and social problems. All public, private, and Bureau of Indian Affairs schools in South Dakota, containing students in grades 9 through 12, were eligible to be selected for inclusion in the survey. Questionnaires were completed by 1,674 students, 49% of whom were females, and 90% were white. The survey assessed the following behaviors: intentional and unintentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases, and unintended pregnancy; dietary behaviors; and physical activity. Questioning these behaviors was significant since 72% of all deaths in this age group can be attributed to one of the behaviors. The report provides information pertaining to these behaviors, along with bar graphs reflecting the percentage of times youth participated in the behaviors. Following a summary, questions are considered separately. A breakdown of responses is provided for each grade level. Summary of results from previous survey years (1993, 1995, 1997) are included. (Contains 59 references.) (JDM)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 442 035

The 1999 South Dakota Youth Risk Behavior Survey Report



Prepared For:
South Dakota Department of Education and Cultural Affairs
Pierre, South Dakota

South Dakota Department of Human Services
Pierre, South Dakota

Healthy Children Healthy Future
FOR SOUTH DAKOTA

Coordinated School Health

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CG 030074

BEST COPY AVAILABLE

SOUTH DAKOTA
YOUTH RISK BEHAVIOR SURVEY
REPORT
1999

Prepared by David B. Schubot, Ph.D.
Behavioral Scientist

for

Coordinated School Health Program
Office of Comprehensive Services for
Children and Families
South Dakota
Department of Education & Cultural Affairs
700 Governors Drive
Pierre, South Dakota 57501-2291
Phone (605) 773-3261

♦

Ray Christensen
Department Secretary

♦

John Moore
Director
Division of Education Services & Resources

♦

Vicky Hagen
Administrator
Office of Comprehensive Services for
Children and Families

♦

Patricia Stewart
Program Director
Coordinated School Health Programs

♦

Laurie Jensen-Wunder
Program Coordinator
HIV/AIDS Prevention Education

Division of Alcohol and Drug Abuse
South Dakota
Department of Human Services
East Highway 34, Hillsview Plaza
Pierre, South Dakota 57501-5070
Phone (605) 773-3123

♦

John Jones
Department Secretary

♦

Gilbert Sudbeck
Director
Division of Alcohol and Drug Abuse

ACKNOWLEDGMENTS

This survey would not have been possible without the support and effort of many individuals who felt that obtaining this information was important to the health and well-being of South Dakota youth. Sincere appreciation is extended to the school district superintendents and administrators, school principals, classroom teachers, and students who participated in the 1999 South Dakota Youth Risk Behavior Survey.

A special thank you is extended to Ray Christensen, Secretary of the South Dakota Department of Education and Cultural Affairs, the South Dakota Board of Education, and John Jones, Secretary of the South Dakota Department of Human Services, for their continued support of this survey and all educational activities related to supporting and promoting the health and well-being of South Dakota youth.

We would like to express our gratitude to Dr. Laura Kann, Chief of Surveillance Research Section, and the staff at the Division of Adolescent and School Health, United States Centers for Disease Control and Prevention, for assisting in developing the survey instrument and providing technical assistance upon request during the administration of the survey and the preparation of this report.

Table of Contents

Description of the Youth Risk Behavior Survey 4

Description of the Sample Selection Process 4

Description of the Survey Administration in the Classroom 4

Description of the Strategies to Ensure the Privacy of Responses 4

Results

- Characteristics of the Sample 5
- Weighting of the Responses 5
- Organization of this Report 5
- Summary of the Six Priority Health-Risk Behaviors 6
- Intentional and Unintentional Injuries 12
- Tobacco Use 30
- Alcohol and Other Drug Use 39
- Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancy 50
- Dietary Behaviors 57
- Physical Activity 69

References 73

Resources 78

Description of the Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a questionnaire consisting of 98 items that assess the six priority health-risk behaviors that result in the greatest amount of morbidity, mortality, and social problems among youth. The YRBS was developed cooperatively by the Centers for Disease Control and Prevention (CDC), and state and local departments of education. The six priority health-risk behaviors assessed in the YRBS are intentional and unintentional injuries; tobacco use; alcohol and other drug use; sexual behaviors that result in HIV infection, other sexually transmitted diseases (STDs), and unintended pregnancy; dietary behaviors; and physical activity.

These six priority health-risk behaviors were selected for inclusion in the survey because, among persons aged 5-24 years, approximately 72% of all deaths are due to only four causes: motor vehicle crashes (30%), other unintentional injuries (12%), homicide (19%), and suicide (11%). In addition, each year, an estimated 1 million teenaged girls become pregnant and 86% of all STD cases occur among 15 - 29 year olds. Furthermore, one out of every five persons diagnosed with AIDS in the U.S. is 20 to 29 years old. Given the 8 to 10 year incubation period between HIV infection and AIDS diagnosis, many of those 20 to 29 year-olds with AIDS may have been infected as adolescents. A limited number of behaviors usually established during youth contribute substantially to these causes of mortality and morbidity. These behaviors include carrying a weapon; physical fighting; attempted suicide; drinking or using drugs while operating a motor vehicle; lack of seatbelt use while riding in a motor vehicle; lack of helmet use while riding a bicycle or motorcycle; and unprotected sexual intercourse that results in unintended pregnancies and sexually-transmitted diseases, including HIV infection.

Among adults aged 25 and over in the U.S., 67% of deaths are due to only three causes: diseases of the heart (35%), cancer (25%), and stroke (7%). A limited number of behaviors, often established during youth, contribute to these health problems which generally do not result in mortality and morbidity until adulthood. These behaviors include the use of tobacco; excessive consumption of fat, calories, and sodium; insufficient consumption of fiber; and insufficient physical activity.

Description of the Sample Selection Process

All public, private, and Bureau of Indian Affairs (BIA) schools in South Dakota containing any students in grades 9, 10, 11, or 12 were eligible to be selected for inclusion in the sample. Ungraded and out-of-school programs were excluded. Schools were stratified on the basis of type of control (public, private, BIA), region (East River, West River), and size of enrollment. Systematic sampling with probabilities proportional to size of enrollment with a random start was used to select 25 schools to participate in the survey.

Each participating school submitted a list of all classes with students in grades 9, 10, 11, or 12 which met during a given class period (e.g., 2nd period). Systematic equal probability sampling with a random start was used to select classes to participate in the survey.

Description of the Survey Administration in the Classroom

Prior to the administration of the survey, a letter was sent to the parents of the students in each of the selected classes, which informed them about the nature of the survey. The letter also contained a form that the parents could return to request that their child not participate in the survey. The instructions read to the students and printed on the survey stated that completing the survey is voluntary, and even though their parents had given permission for them to do the survey, they could make their own decision at that time as to whether or not to participate.

Description of the Strategies to Ensure the Privacy of Responses

The survey administration process was designed to maximize the confidentiality of each student's responses. Two strategies were utilized to achieve the greatest possible privacy for the students' responses. The first strategy consisted of distributing three versions of the questionnaire in each classroom. Each version had a different ordering of the questions. Therefore, even if someone was to see another person's responses, the onlooker would not know which questions were being answered. The second strategy for ensuring privacy consisted of having the students seal their sense-mark answer sheets into a standard-size business envelope, and then having them seal the questionnaire and the sealed business envelope into a large manila envelope.

Results

Characteristics of the Sample

Completed surveys were received from 21 of the 25 sampled schools for a school response rate of 84%. Usable questionnaires were received from 1,674 of the 2,057 sampled students for a student response rate of 81%. The overall response rate was (84% * 81%) = 68%.

The sample was comprised of 49% female students and 51% male students. The grade level breakdown of the sample was 28% ninth grade students, 25% tenth grade students, 24% eleventh grade students, and 23% twelfth grade students. The race/ethnicity breakdown of the sample was 90% White, 5% Native American, 2% Hispanic, 0.5% Black or African American, 0.5% Asian or Pacific Islander, and 2% multiple race/ethnicity designations.

Weighting of the Responses

A weighting procedure was performed to reduce bias by compensating for differing patterns of nonresponse and to reflect the likelihood of sampling each student. The weighted results contained in this report can be used to make inferences concerning the priority health-risk behaviors of all high school students in grades 9 through 12 in public, private, and BIA schools in South Dakota.

Organization of this Report

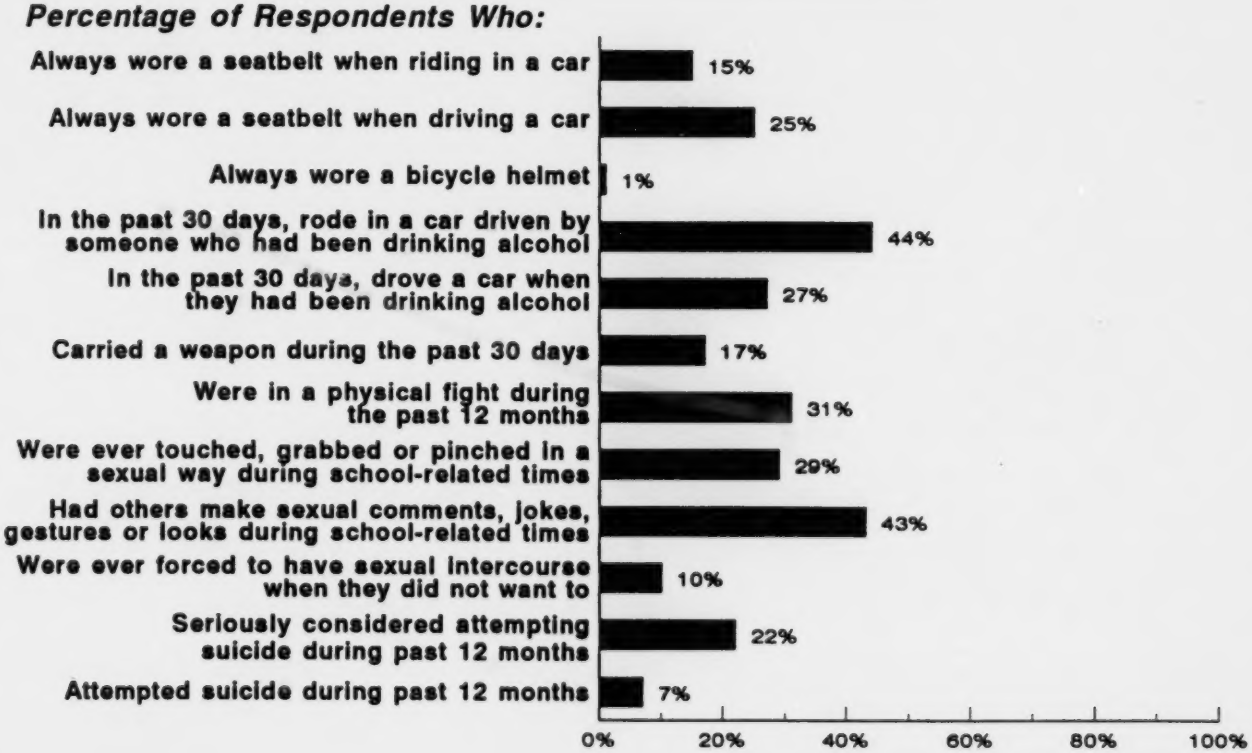
The following six pages provide a summary of each of the six priority health-risk behaviors. The remainder of the report provides the summary results for each of the survey questions, along with the rationale for each question. In addition to reporting the overall results for each question, a separate breakdown is provided for grade level. Since the majority of the 1999 questions were also included in the 1993, 1995, and 1997 surveys, the results are also summarized by year.

Summary of Behaviors that Result in Intentional and Unintentional Injuries

The chart below summarizes the reported risk behaviors that result in intentional and unintentional injuries, and the reported instances of sexual harassment. Fifteen percent of the respondents always wore a seatbelt when riding in a car. Twenty-five percent of the respondents always wore a seatbelt when driving a car. Only 1% of the respondents always used a helmet when riding a bicycle. Forty-four percent of the respondents, during the past 30 days, rode in an automobile that was driven by someone who had been drinking alcohol. During the past 30 days, 27% of the respondents had driven an automobile when they had been drinking alcohol.

Seventeen percent of the respondents had carried a weapon during the past 30 days. Thirty-one percent of the respondents reported that they had been in a physical fight during the past 12 months. Twenty-nine percent of the respondents were ever touched, grabbed, or pinched in a sexual way without their consent during school-related times. Forty-three percent of the respondents had others make unwanted sexual comments, jokes, gestures or looks during school-related times. Ten percent of respondents have been forced to have sexual intercourse when they didn't want to. Suicide was seriously considered by 22% of the respondents during the past 12 months. Seven percent of the respondents reported actually attempting suicide during the past 12 months.

Behaviors that Result in Intentional and Unintentional Injuries


Percentage of Respondents Who:
Always wore a seatbelt when riding in a car
15%
Always wore a seatbelt when driving a car
25%
Always wore a bicycle helmet
1%
In the past 30 days, rode in a car driven by someone who had been drinking alcohol
44%
In the past 30 days, drove a car when they had been drinking alcohol
27%
Carried a weapon during the past 30 days
17%
Were in a physical fight during the past 12 months
31%
Were ever touched, grabbed or pinched in a sexual way during school-related times
29%
Had others make sexual comments, jokes, gestures or looks during school-related times
43%
Were ever forced to have sexual intercourse when they did not want to
10%
Seriously considered attempting suicide during past 12 months
22%
Attempted suicide during past 12 months
7%
0%
20%
40%
60%
80%
100%

Summary of Tobacco Use

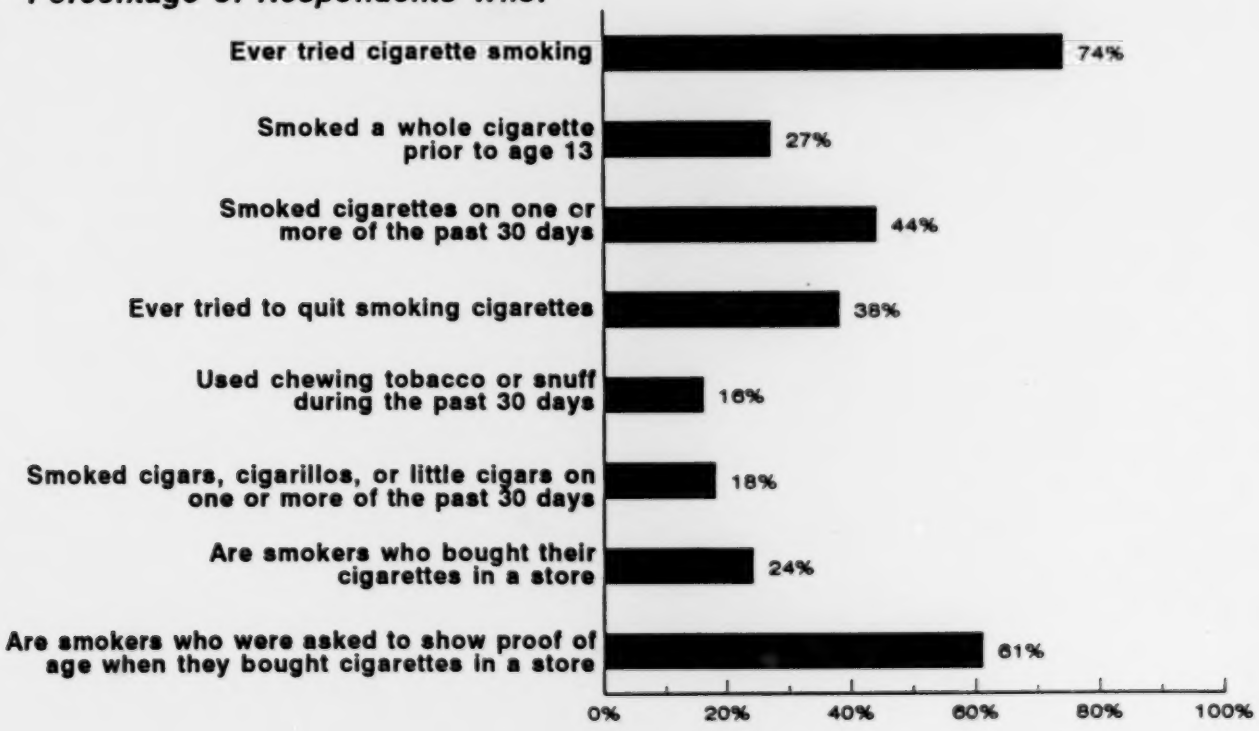
The reported risk behaviors associated with tobacco use are summarized in the chart below. Seventy-four percent of the respondents have tried cigarette smoking. Twenty-seven percent of the respondents had smoked a whole cigarette prior to age 13. Forty-four percent of the respondents smoked a cigarette during the past 30 days. Thirty-eight percent of the respondents reported that they have tried to quit smoking.

Sixteen percent of the respondents reported using smokeless tobacco, i.e., chewing tobacco or snuff, during the past 30 days. Eighteen percent of the respondents smoked cigars, cigarillos, or little cigars during the past 30 days.

Of respondents who smoked cigarettes during the past 30 days, 24% usually bought their cigarettes in a store. Of respondents who purchased cigarettes in a store during the past 30 days, 61% were asked to show proof of age.

Tobacco Use

Percentage of Respondents Who:

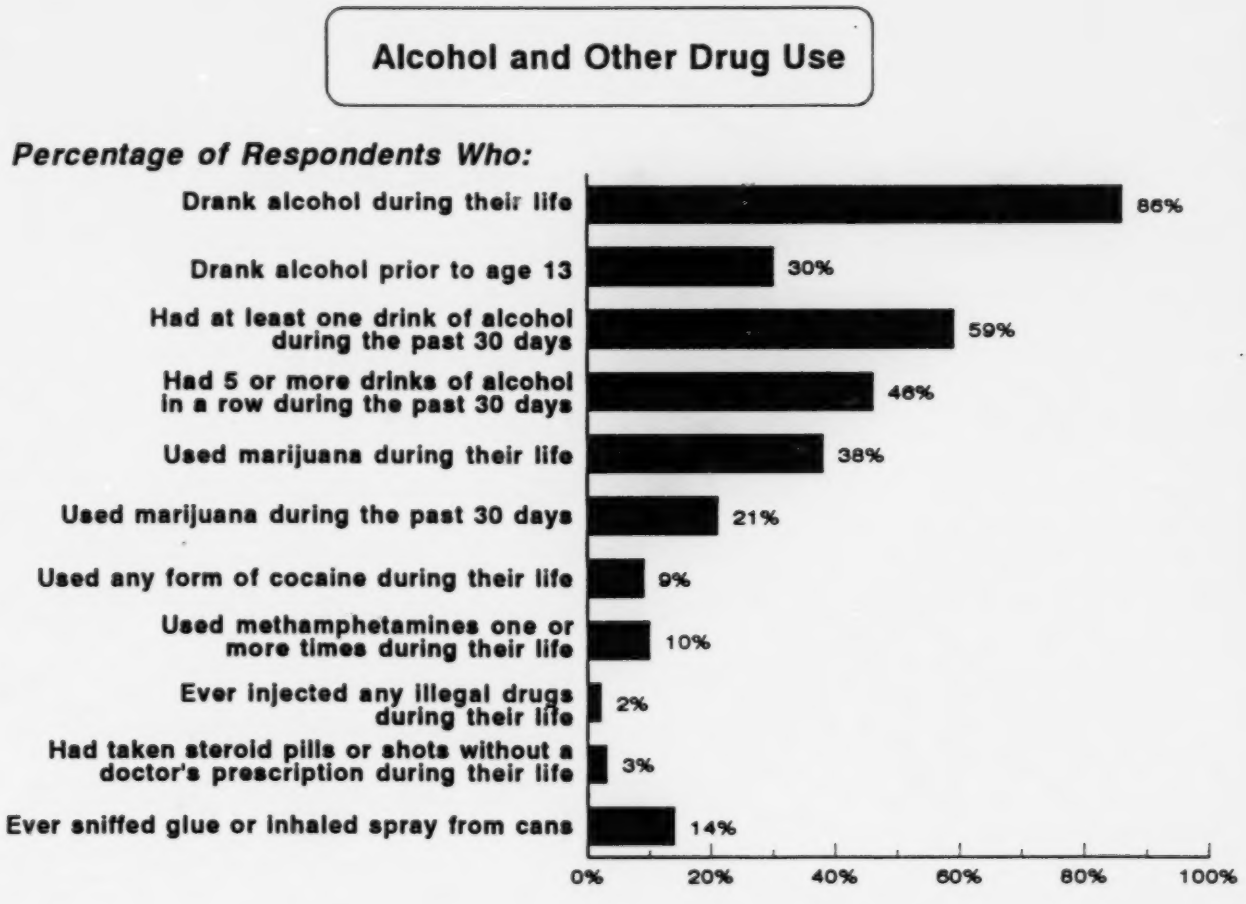

Ever tried cigarette smoking
74%
Smoked a whole cigarette prior to age 13
27%
Smoked cigarettes on one or more of the past 30 days
44%
Ever tried to quit smoking cigarettes
38%
Used chewing tobacco or snuff during the past 30 days
16%
Smoked cigars, cigarillos, or little cigars on one or more of the past 30 days
18%
Are smokers who bought their cigarettes in a store
24%
Are smokers who were asked to show proof of age when they bought cigarettes in a store
61%
0%
20%
40%
60%
80%
100%

Summary of Alcohol and Other Drug Use

The chart below summarizes the reported risk behaviors associated with the use of alcohol and other drugs. Lifetime alcohol use was reported by 86% of the respondents. Thirty percent of the respondents had drank alcohol prior to age 13. Over half of the respondents (59%) reported having at least one alcoholic drink during the past 30 days. Forty-six percent of the respondents had 5 or more alcoholic drinks in a row during the past 30 days.

Marijuana was used at least once by 38% of the respondents. Twenty-one percent of the respondents used marijuana during the past 30 days.

Cocaine use was reported by 9% of the respondents. Ten percent of the respondents reported using methamphetamines. Illegal drugs were injected by 2% of the respondents. Three percent of the respondents reported using steroid pills or shots without a doctor's prescription. Fourteen percent of the respondents sniffed glue or inhaled sprays from cans during their lifetime.


Alcohol and Other Drug Use
Percentage of Respondents Who:
Drank alcohol during their life
86%
Drank alcohol prior to age 13
30%
Had at least one drink of alcohol during the past 30 days
59%
Had 5 or more drinks of alcohol in a row during the past 30 days
46%
Used marijuana during their life
38%
Used marijuana during the past 30 days
21%
Used any form of cocaine during their life
9%
Used methamphetamines one or more times during their life
10%
Ever injected any illegal drugs during their life
2%
Had taken steroid pills or shots without a doctor's prescription during their life
3%
Ever sniffed glue or inhaled spray from cans
14%
0%
20%
40%
60%
80%
100%

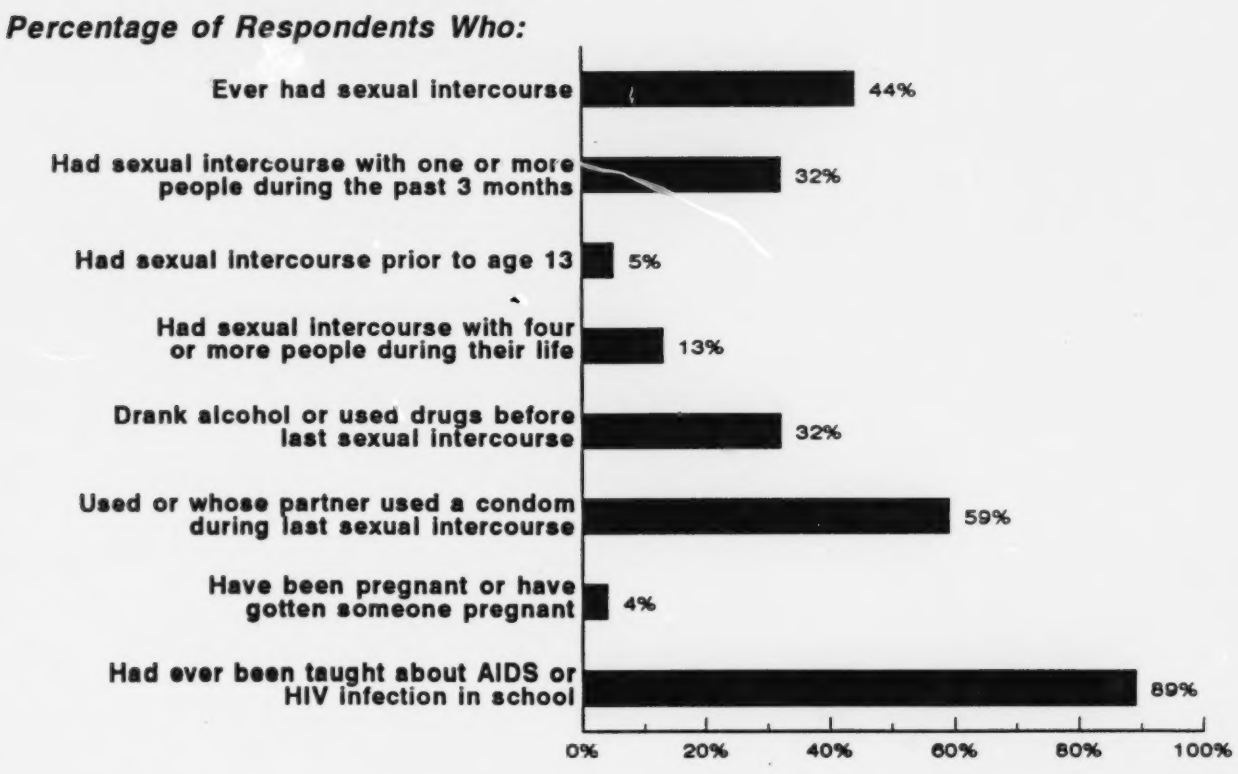
Summary of Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancy

The chart below summarizes the reported sexual risk behaviors. Forty-four percent of the respondents reported having had sexual intercourse. Thirty-two percent of the respondents reported having had sexual intercourse with one or more people during the past three months. Five percent of the respondents reported having had sexual intercourse prior to age 13. Thirteen percent of the respondents reported having had sexual intercourse with four or more people during their life.

Of the respondents who reported having had sexual intercourse, 32% used alcohol or other drugs prior to last sexual intercourse, and 59% reported condom use during last sexual intercourse. Four percent of the respondents reported that they had become pregnant or had gotten someone pregnant.

Eighty-nine percent of the respondents reported being taught about AIDS or HIV infection in school.

Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

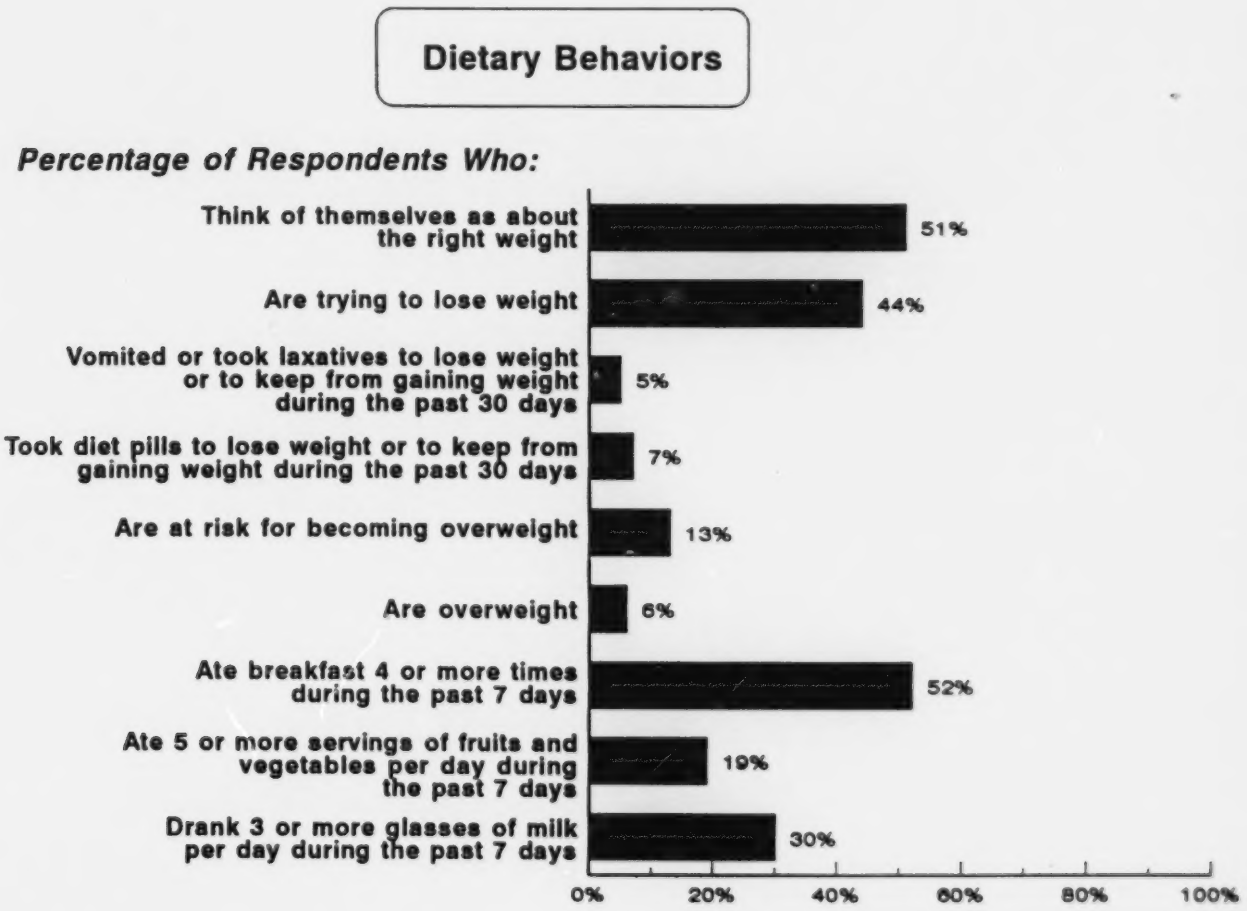

Percentage of Respondents Who:
Ever had sexual intercourse
44%
Had sexual intercourse with one or more people during the past 3 months
32%
Had sexual intercourse prior to age 13
5%
Had sexual intercourse with four or more people during their life
13%
Drank alcohol or used drugs before last sexual intercourse
32%
Used or whose partner used a condom during last sexual intercourse
59%
Have been pregnant or have gotten someone pregnant
4%
Had ever been taught about AIDS or HIV infection in school
89%
0%
20%
40%
60%
80%
100%

Summary of Dietary Behaviors

The reported risk behaviors associated with dietary intake are summarized in the chart below. Fifty-one percent of the respondents reported that they were the right weight. Forty-four percent reported that they were trying to lose weight. Five percent of the respondents had vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days. Seven percent of the respondents took diet pills to lose weight or to keep from gaining weight during the past 30 days.

Based on their reported height and weight measurements, 13% of the students are at risk for becoming overweight, and 6% are overweight.

Fifty-two percent of the respondents had eaten breakfast 4 or more times during the past 7 days. Nineteen percent of the respondents had eaten five or more servings of fruits and vegetables per day during the past 7 days. Thirty percent of the respondents had drank 3 or more glasses of milk per day during the past 7 days.

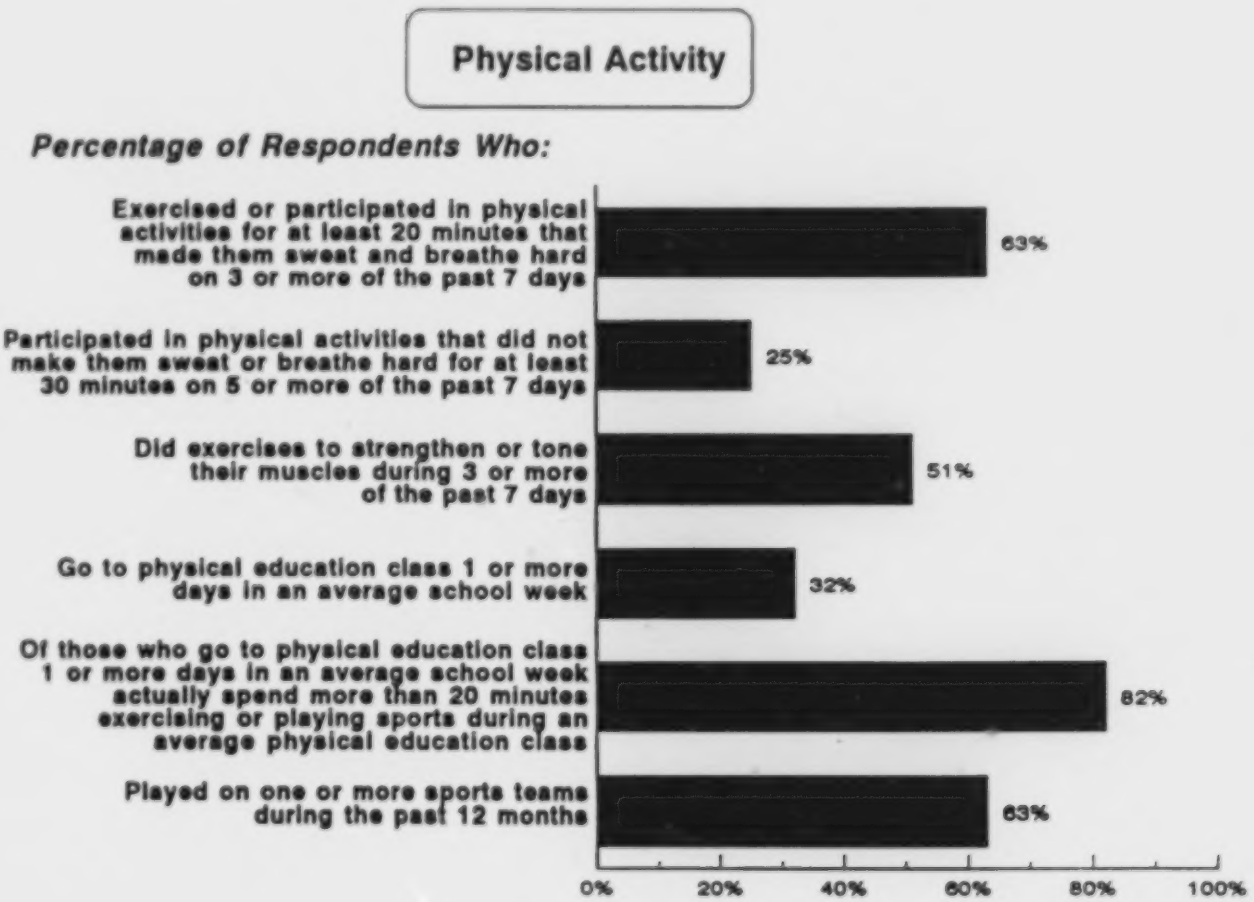

Dietary Behaviors
Percentage of Respondents Who:
Think of themselves as about the right weight
51%
Are trying to lose weight
44%
Vomited or took laxatives to lose weight or to keep from gaining weight during the past 30 days
5%
Took diet pills to lose weight or to keep from gaining weight during the past 30 days
7%
Are at risk for becoming overweight
13%
Are overweight
6%
Ate breakfast 4 or more times during the past 7 days
52%
Ate 5 or more servings of fruits and vegetables per day during the past 7 days
19%
Drank 3 or more glasses of milk per day during the past 7 days
30%
0%
20%
40%
60%
80%
100%

Summary of Physical Activity

The chart below summarizes the reported risk behaviors associated with physical inactivity. Regarding the amount of physical activity in which they engaged, 63% of the respondents exercised or participated in physical activities for at least 20 minutes that made them sweat and breathe hard on 3 or more of the past 7 days. Twenty-five percent of the respondents participated in physical activities that did not make them sweat and breathe hard for at least 30 minutes on 5 or more of the past 7 days. Fifty-one percent of the respondents reported that they participated in exercises to strengthen or tone their muscles on 3 or more of the past 7 days.

Thirty-two percent of the respondents had at least one day of physical education class per week at school. Among those respondents who attend physical education classes, 82% reported spending more than 20 minutes actually exercising or playing sports during an average physical education class.

Participation on sports teams during the past 12 months was reported by 63% of the respondents.


Physical Activity
Percentage of Respondents Who:
Exercised or participated in physical activities for at least 20 minutes that made them sweat and breathe hard on 3 or more of the past 7 days
63%
Participated in physical activities that did not make them sweat or breathe hard for at least 30 minutes on 5 or more of the past 7 days
25%
Did exercises to strengthen or tone their muscles during 3 or more of the past 7 days
51%
Go to physical education class 1 or more days in an average school week
32%
Of those who go to physical education class 1 or more days in an average school week actually spend more than 20 minutes exercising or playing sports during an average physical education class
82%
Played on one or more sports teams during the past 12 months
63%
0%
20%
40%
60%
80%
100%

Behaviors that Result in Intentional and Unintentional Injuries

Question:

7. When you rode a bicycle during the past 12 months, how often did you wear a helmet?

Rationale:

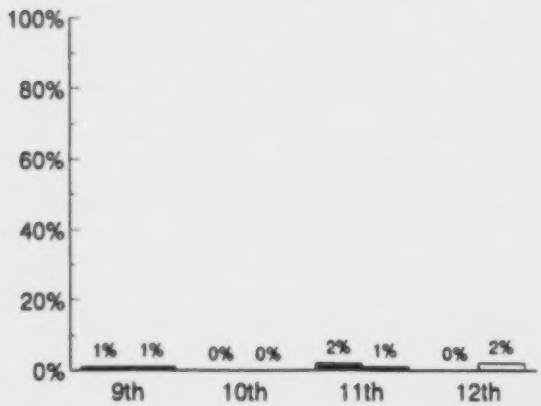
This question measures the frequency of helmet use while riding bicycles. Head injury is the leading cause of death in motorcycle and bicycle crashes.[1,2] Unhelmeted motorcyclists are more likely to incur a fatal head injury and three times more likely to incur a nonfatal head injury than helmeted riders.[3] Bicycle helmets substantially reduce the risk for serious head injuries during bicycle-related crashes.[4]

Results:

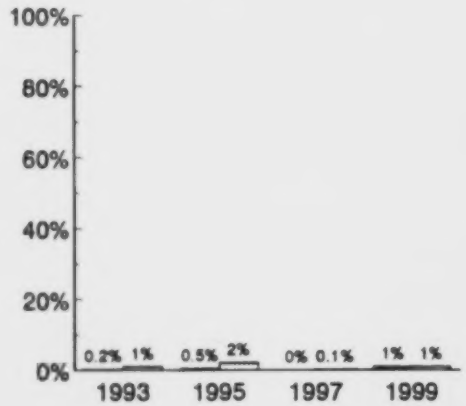
Question 7

Of respondents who rode a bicycle during the past 12 months, the percentage who always wore a bicycle helmet = 1%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Questions:

8. How often do you wear a selt belt when driving a car?
9. How often do you wear a seat belt when riding in a car driven by someone else?

Rationale:

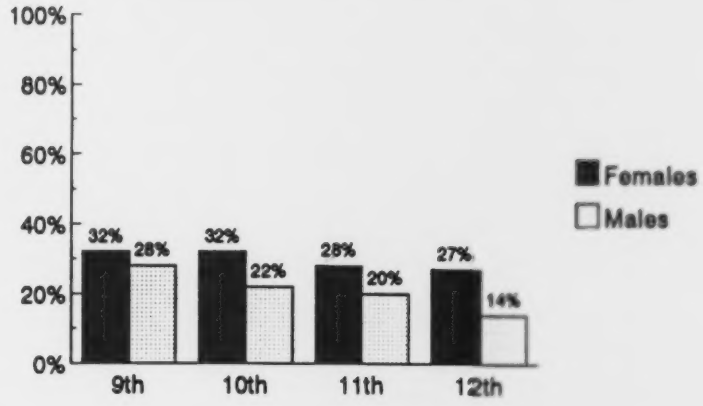
These questions measure the frequency with which students wear seat belts when driving or riding in a motor vehicle. Use of seat belts is estimated to reduce the risk of a fatal motor vehicle injury by 45% and moderate to critical injuries by 50%.[5] Motor vehicle crash injuries are the leading cause of death among youth aged 15-24 in the United States.[6]

Results: The results for Questions 8 and 9 are summarized on page 14.

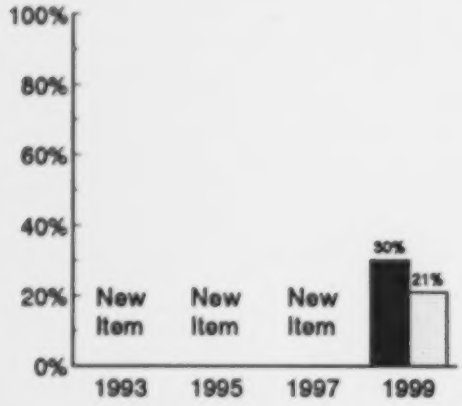
Question 8

Of respondents who drove a car, the percentage who always wore a seat belt when driving a car = 25%

Responses by Grade



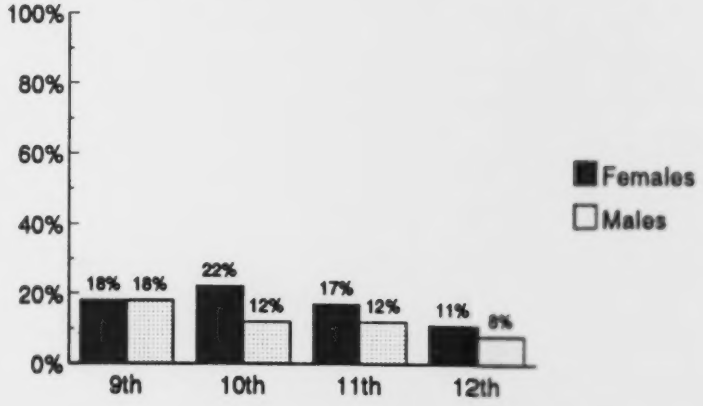
Responses by Year



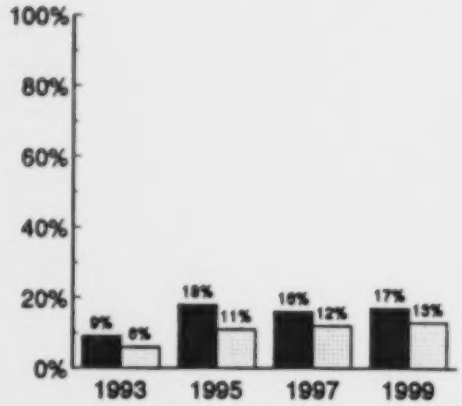
Question 9

Percentage of respondents who always wore a seat belt when riding in a car driven by someone else = 15%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Questions:

10. During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?
11. During the past 30 days, how many times did you drive a car or other vehicle when you had been drinking alcohol?

Rationale:

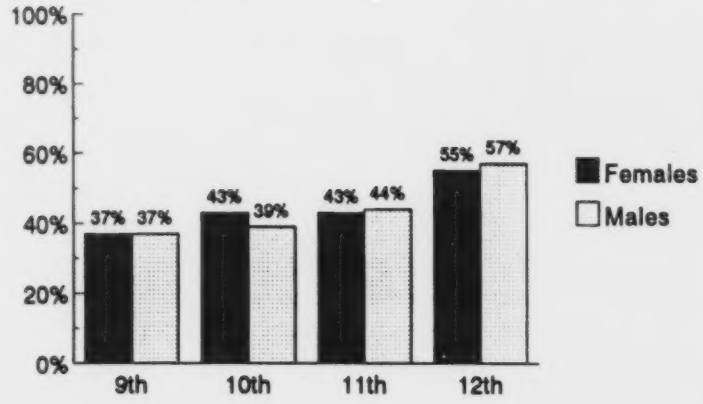
These questions measure the frequency with which students drive or ride as a passenger in a motor vehicle operated under the influence of alcohol or drugs. Approximately 30% of all motor vehicle crashes that result in injury involve alcohol,[7] and motor vehicle crashes are the leading cause of death among youth aged 15-24 in the United States.[6] The percentage of fatalities and injuries that occur in alcohol-involved motor vehicle crashes is 41% and 20%, respectively.[8]

Results: The results for Questions 10 and 11 are summarized on page 16.

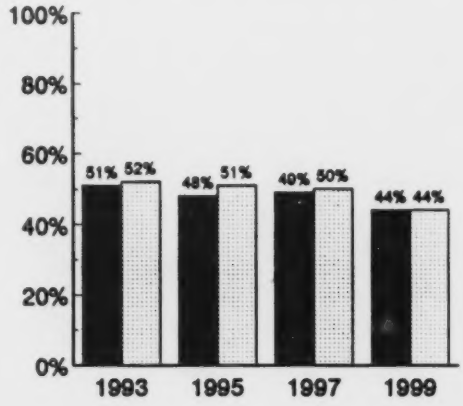
Question 10

Percentage of respondents who during the past 30 days rode one or more times in a car or other vehicle driven by someone who had been drinking alcohol = 44%

Responses by Grade



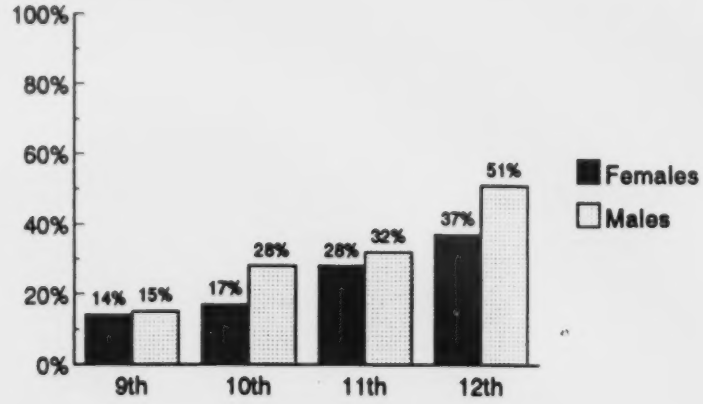
Responses by Year



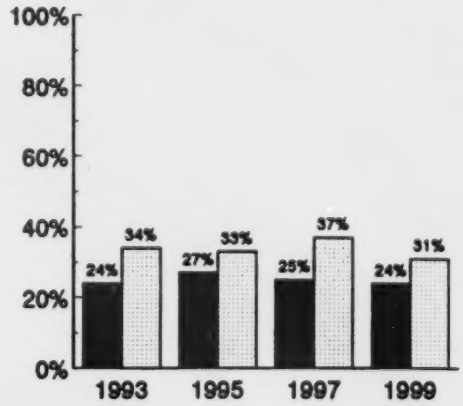
Question 11

Percentage of respondents who during the past 30 days drove a car or other vehicle one or more times when they had been drinking alcohol = 27%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Questions:

12. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?
13. During the past 30 days, on how many days did you carry a gun?
14. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club on school property?
15. During the past 30 days, on how many days did you not go to school because you felt you would be unsafe at school or on your way to or from school?
16. During the past 12 months, how many times has someone threatened or injured you with a weapon such as a gun, knife, or club on school property?

Rationale:

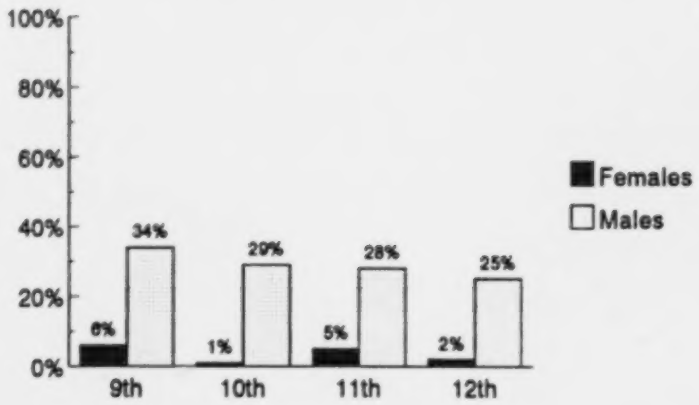
These questions measure violence-related behaviors and school-related violent behaviors. Approximately nine out of ten homicide victims in the United States are killed with a weapon of some type, such as a gun, knife, or club.[9] Homicide is the second leading cause of death among all youth aged 15-24 (20.3 per 100,000) and is the leading cause of death among black youth aged 15-24 (74.4 per 100,000).[6] During adolescence, homicide rates increase substantially from a negligible rate of 1.5 per 100,000 in youth aged 5-14 to 20.3 per 100,000 in youth aged 15-24.[10] Firearms markedly elevate the severity of the health consequences of violent behavior.[11] Firearm-related homicide and firearm-related suicide accounted for 44% and 51%, respectively, of all firearm injury deaths in 1995.[10] Unintentional firearm-related fatalities also are a critical problem among children and young adults in the United States.[10] During 1996-1997, there were approximately 190,000 fights that did not include a weapon, 115,000 thefts, and 98,000 incidents of vandalism in US schools.[12] Nearly 70% of school districts prohibit students from possessing and using a weapon in the school building or on school grounds.[13]

Results: The results for Questions 12 - 16 are summarized on pages 18 - 20.

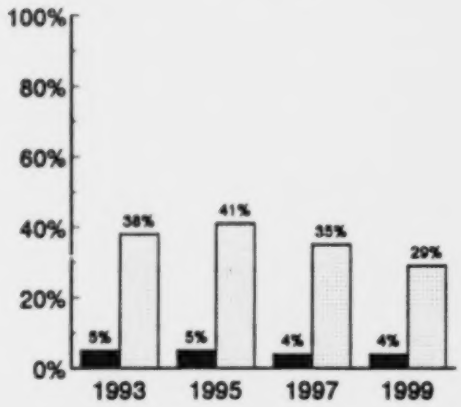
Question 12

Percentage of respondents who carried a weapon such as a gun, knife, or club on one or more of the past 30 days = 17%

Responses by Grade



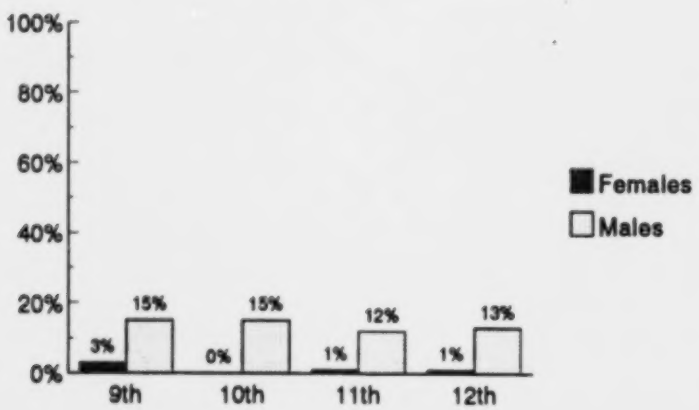
Responses by Year



Question 13

Percentage of respondents who carried a gun on one or more of the past 30 days = 8%

Responses by Grade

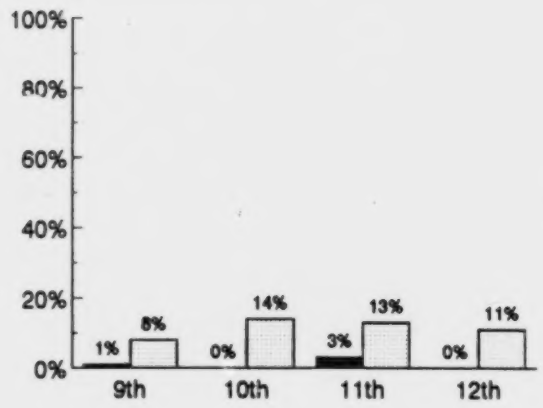


Responses by Year

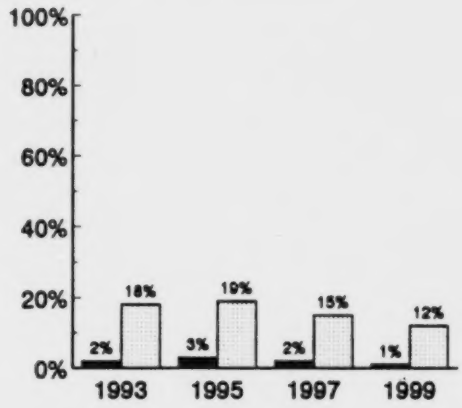
Question 14

Percentage of respondents who carried a weapon such as a gun, knife, or club on school property on one or more of the past 30 days = 6%

Responses by Grade



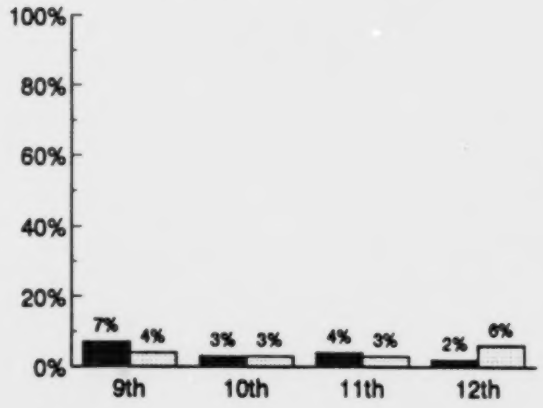
Responses by Year



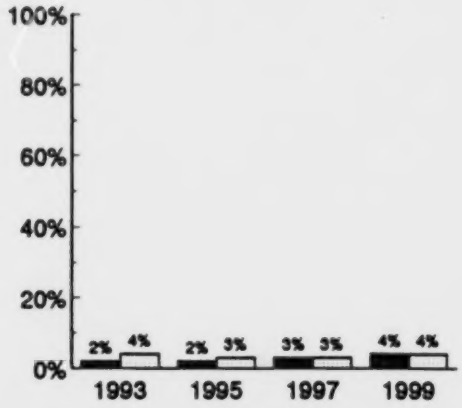
Question 15

Percentage of respondents who did not go to school on one or more of the past 30 days because they felt they would be unsafe at school or on their way to or from school = 4%

Responses by Grade



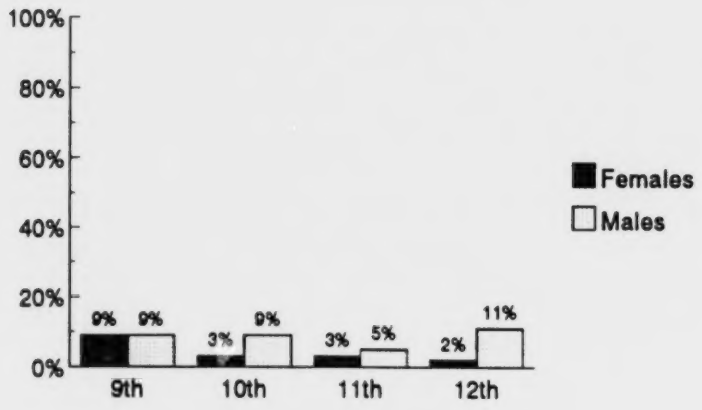
Responses by Year



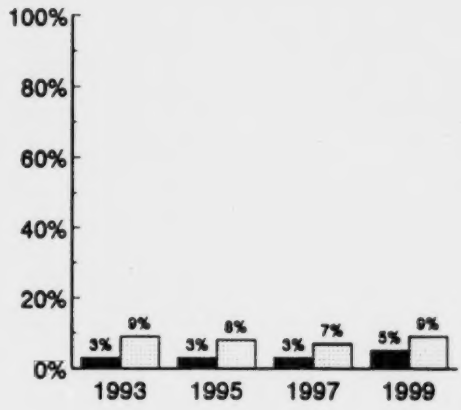
Question 16

Percentage of respondents who have been threatened or injured with a weapon such as a gun, knife, or club on school property one or more times during the past 12 months = 7%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Questions:

17. During the past 12 months, how many times were you in a physical fight?
18. During the past 12 months, how many times were you in a physical fight in which you were injured and had to be treated by a doctor or nurse?
19. During the past 12 months, how many times were you in a physical fight on school property?
20. During the past 12 months, did your boyfriend or girlfriend ever hit, slap, or physically hurt you on purpose?
21. Have you ever been forced to have sexual intercourse when you did not want to?
22. During your whole school life, has anyone (this includes students, teachers, other school employees, and anyone else) ever touched, grabbed or pinched you in a sexual way when you did not want them to?
23. During your whole school life, has anyone (this includes students, teachers, other school employees, and anyone else) ever made sexual comments, jokes, gestures, or looks when you did not want them to?

Rationale:

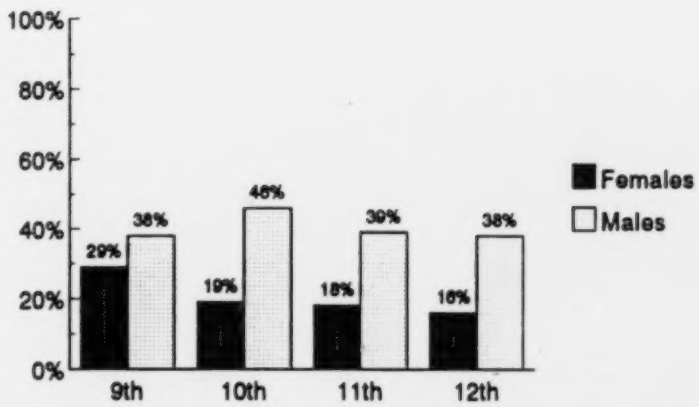
These questions measure the frequency and severity of physical fights, school-related fights, and abusive behavior. Physical fighting is an antecedent for many fatal and nonfatal injuries.[14] During 1996-97, nearly 200,000 fights or physical attacks occurred at schools.[12] Nearly 60% of adolescents report at least one episode of dating violence[15], while 20% report they had experienced forced sex.[16] Forced sex has been associated with suicidal ideation and attempts,[17] alcohol and drug use,[18] and increased risk of chronic diseases and somatic symptoms in both reproductive and nonreproductive organ systems.[19]

Results: The results for Questions 17 - 23 are summarized on pages 22 - 25.

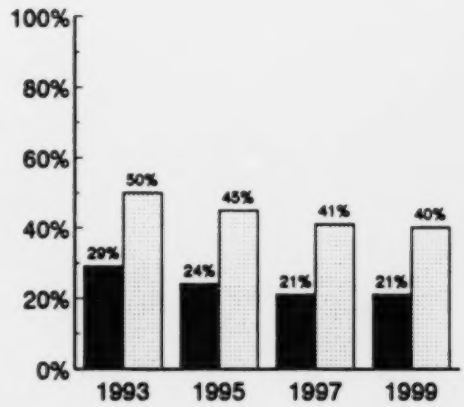
Question 17

Percentage of respondents who were in a physical fight one or more times during the past 12 months = 31%

Responses by Grade



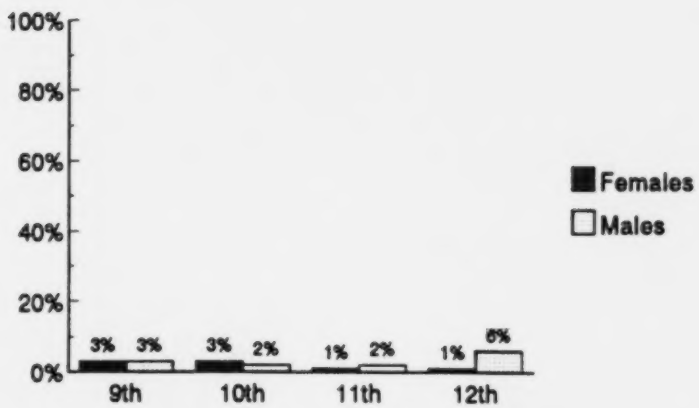
Responses by Year



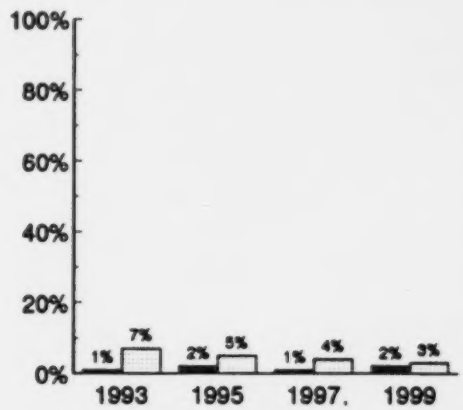
Question 18

Percentage of respondents who were injured in a physical fight and had to be treated by a doctor or nurse one or more times during the past 12 months = 3%

Responses by Grade



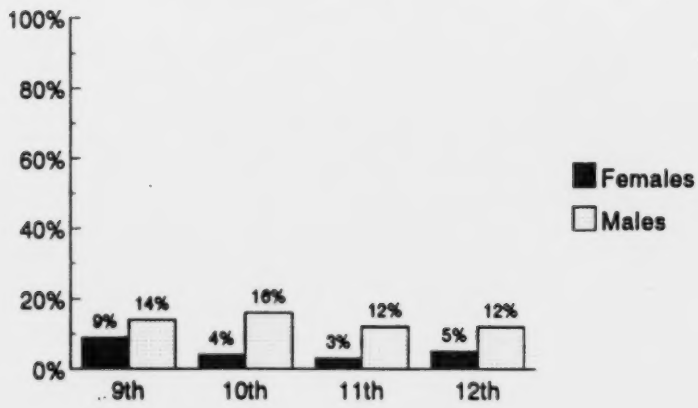
Responses by Year



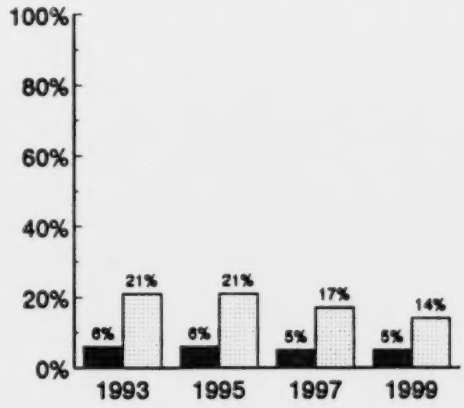
Question 19

Percentage of respondents who were in a physical fight on school property one or more times during the past 12 months = 10%

Responses by Grade



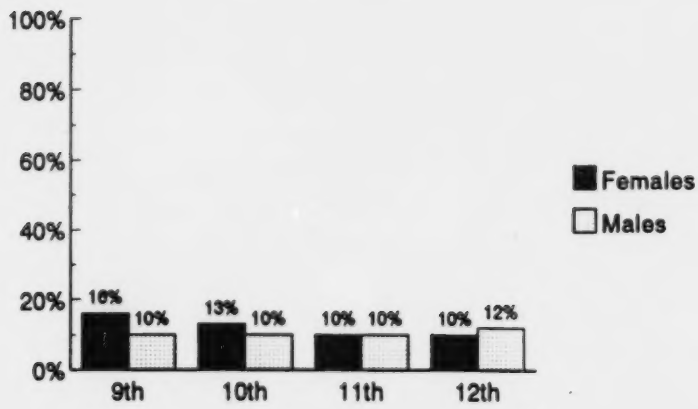
Responses by Year



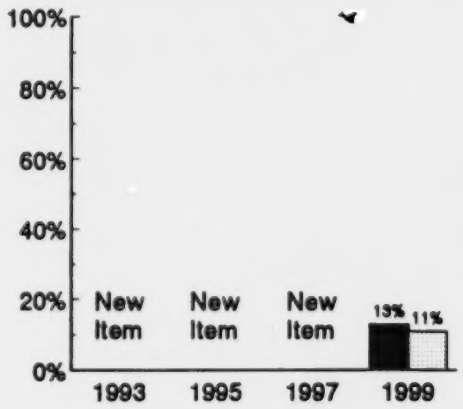
Question 20

Percentage of respondents who during the past 12 months were ever hit, slapped, or physically hurt on purpose by their boyfriend or girlfriend = 12%

Responses by Grade



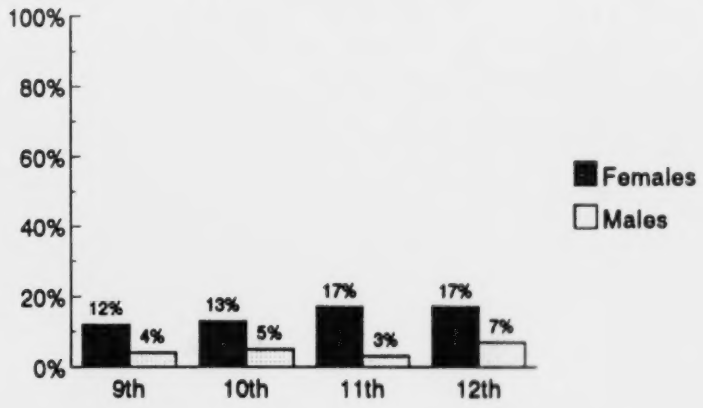
Responses by Year



Question 21

Percentage of respondents who were ever forced to have sexual intercourse when they did not want to = 10%

Responses by Grade

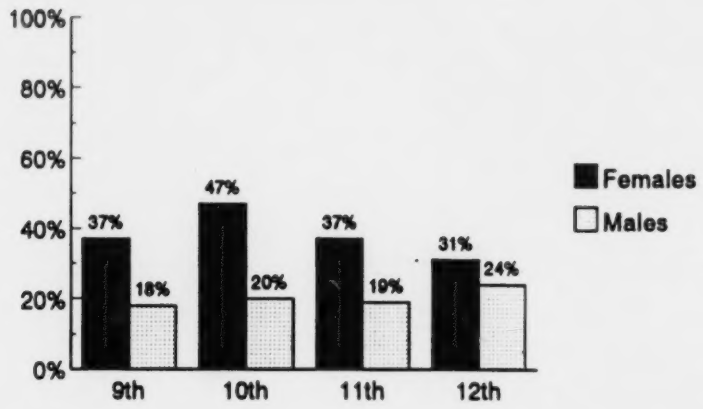


Responses by Year

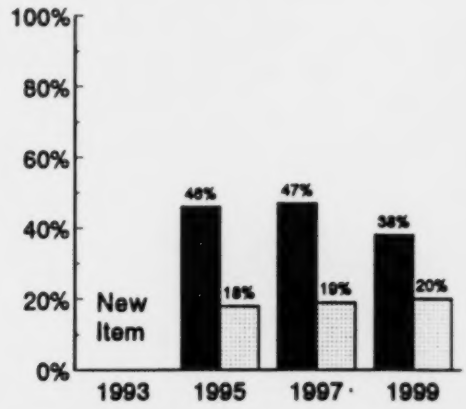
Question 22

Percentage of respondents who, during their whole school life, had been touched, grabbed, or pinched in a sexual way by anyone when they didn't want them to = 29%

Responses by Grade



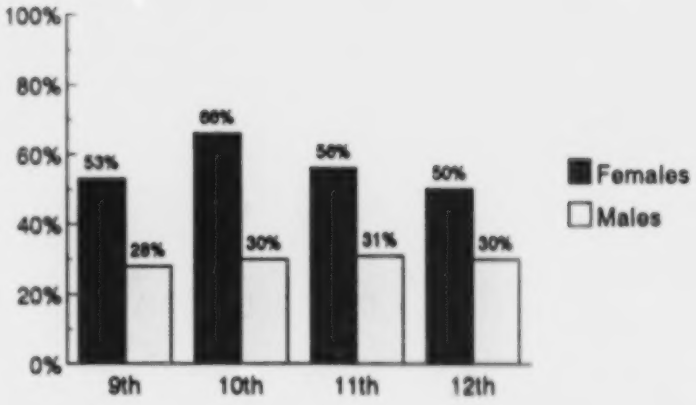
Responses by Year



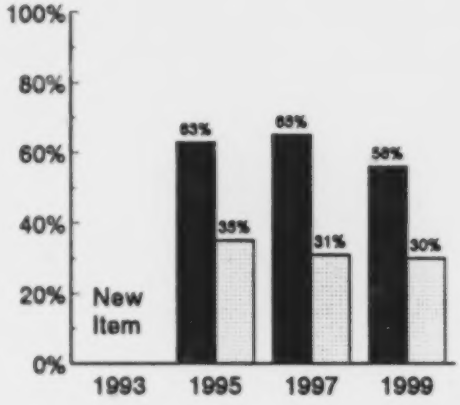
Question 23

Percentage of respondents who, during their whole school life, had anyone make sexual comments, jokes, gestures, or looks when they did not want them to = 43%

Responses by Grade



Responses by Year



Behaviors that Result in Intentional and Unintentional Injuries

Questions:

24. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?
25. During the past 12 months, did you ever seriously consider attempting suicide?
26. During the past 12 months, did you make a plan about how you would attempt suicide?
27. During the past 12 months, how many times did you actually attempt suicide?
28. If you attempted suicide during the past 12 months, did any attempt result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?

Rationale:

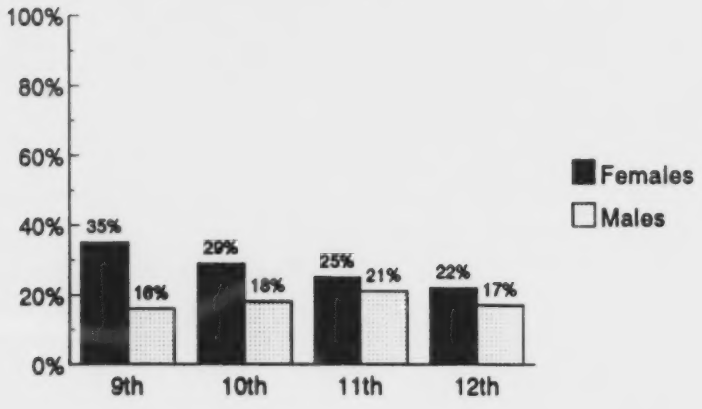
These questions measure sadness, attempted suicides and the seriousness of those attempts. Suicide is the third leading cause of death among youth aged 15-24 and the second leading cause of death among white youth aged 15-24.[6] The suicide rate for persons aged 15-24 has tripled since 1950, and in 1995 was 13.3 per 100,000.[6,20]

Results: The results for Questions 24 - 28 are summarized on pages 27 - 29.

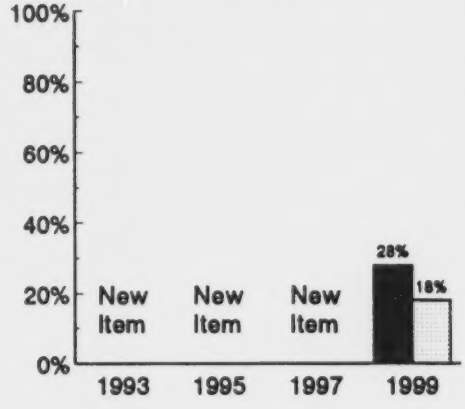
Question 24

Percentage of respondents who during the past 12 months felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities = 23%

Responses by Grade



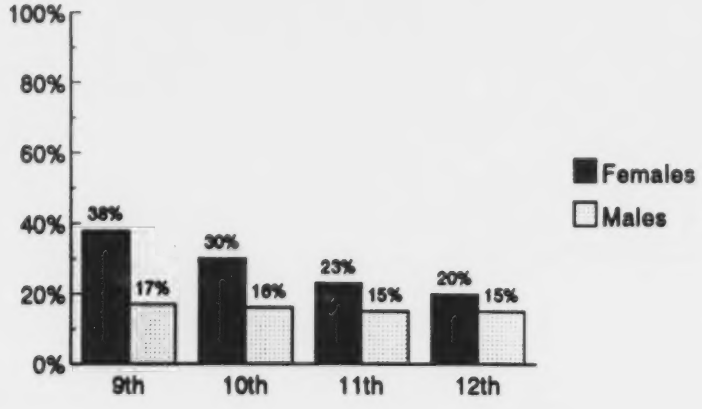
Responses by Year



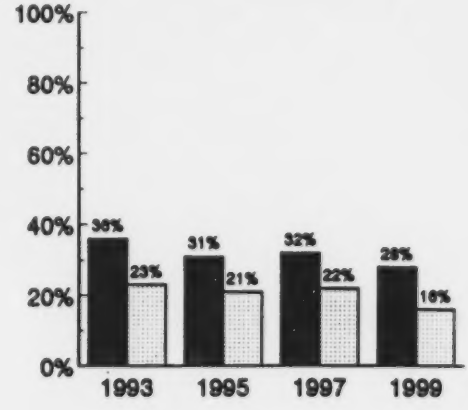
Question 25

Percentage of respondents who ever seriously considered attempting suicide during the past 12 months = 22%

Responses by Grade



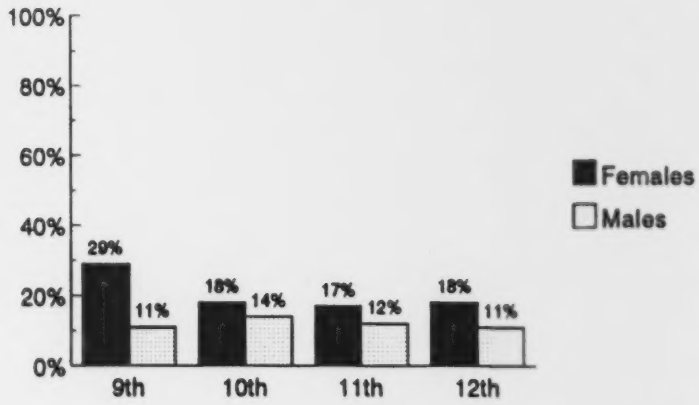
Responses by Year



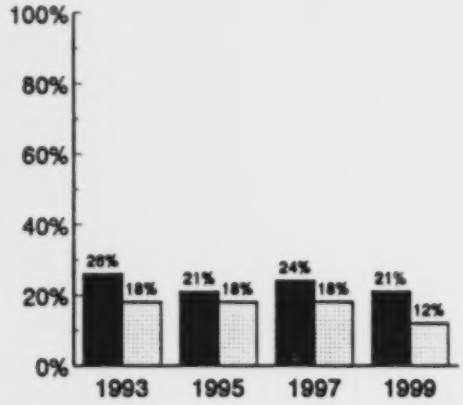
Question 26

Percentage of respondents who made a plan about how they would attempt suicide during the past 12 months = 16%

Responses by Grade



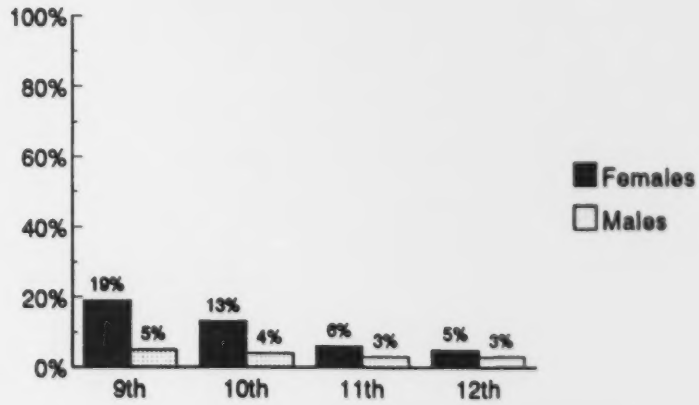
Responses by Year



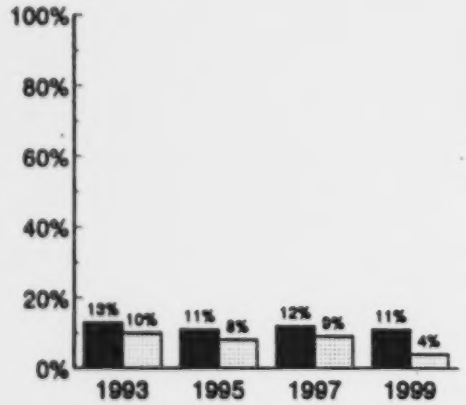
Question 27

Percentage of respondents who actually attempted suicide one or more times during the past 12 months = 7%

Responses by Grade



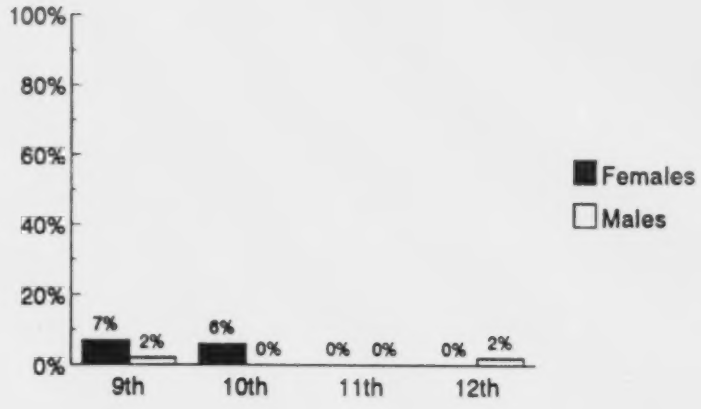
Responses by Year



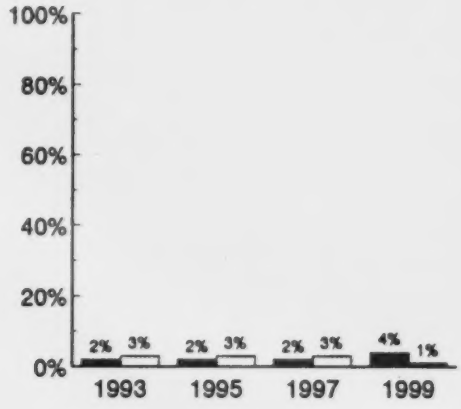
Question 28

Percentage of respondents who attempted suicide resulting in an injury, poisoning, or overdose that had to be treated by a doctor or nurse during the past 12 months = 2%

Responses by Grade



Responses by Year



Tobacco Use

Questions:

30. Have you ever tried cigarette smoking, even one or two puffs?

31. How old were you when you smoked a whole cigarette for the first time?

32. During the past 30 days, on how many days did you smoke cigarettes?

33. During the past 30 days, on the days you smoked, how many cigarettes did you smoke per day?

34. During the past 30 days, how did you usually get your own cigarettes?

35. When you bought cigarettes in a store during the past 30 days, were you ever asked to show proof of age?

36. During the past 30 days, on how many days did you smoke cigarettes on school property?

37. Have you ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days?

38. Have you ever tried to quit smoking cigarettes?

Rationale:

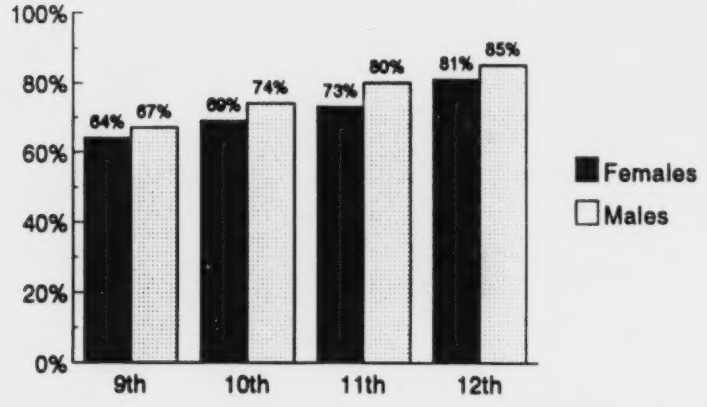
These questions measure smoking experimentation, current smoking patterns, age of initiation, adherence to Federal regulations regarding sale of cigarettes, smoking on school property, and attempt to quit smoking. Tobacco use is considered the chief preventable cause of death in the United States[21] with over 20% of all deaths attributable to tobacco use.[22] Cigarette smoking is responsible for heart disease; cancers of the lung, larynx, mouth, esophagus, and bladder; stroke; and chronic obstructive pulmonary disease.[21] In addition, there is evidence that cigarette smokers are more likely to drink alcohol and use marijuana and cocaine as compared to non smokers.[21] If current patterns of smoking behavior persist, an estimated 5 million U.S. persons who were aged 0 –17 years in 1995 could die prematurely from smoking-related illnesses.[23] In 1996, the Food and Drug Administration issued regulations to implement the 1993 law known as the "Synar Amendment" which restricts the sale and distribution of cigarettes and smokeless tobacco to children and teenagers under age 18.[24] Over 80% of school districts prohibit tobacco use in the school building and on the grounds at all times.[13]

Results: The results for Questions 30 - 38 are summarized on pages 31 - 35.

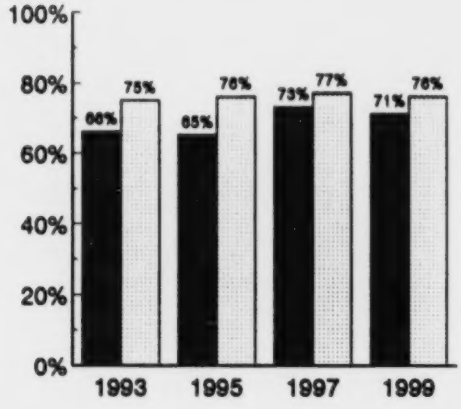
Question 30

Percentage of respondents who ever tried cigarette smoking, even one or two puffs = 74%

Responses by Grade



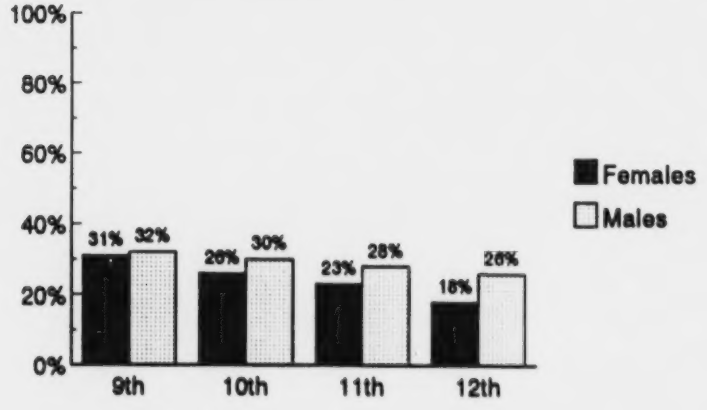
Responses by Year



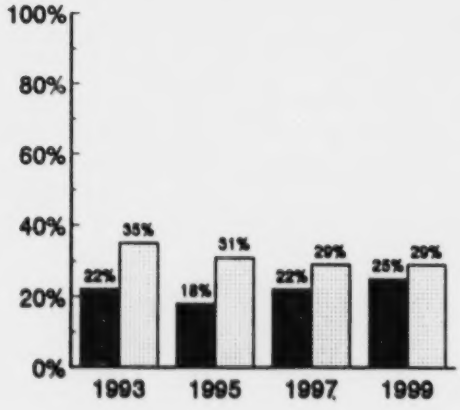
Question 31

Percentage of respondents who smoked a whole cigarette for the first time prior to age 13 = 27%

Responses by Grade



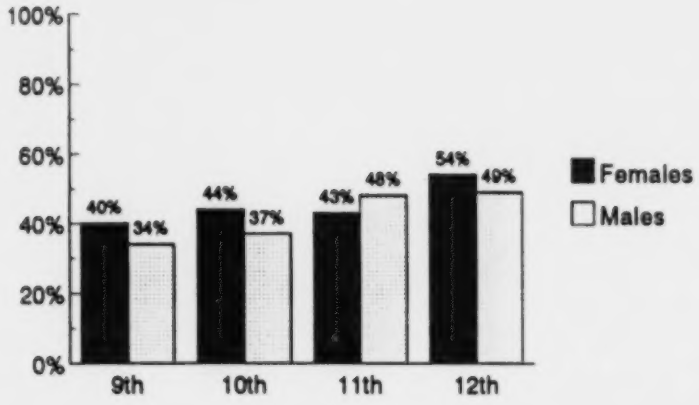
Responses by Year



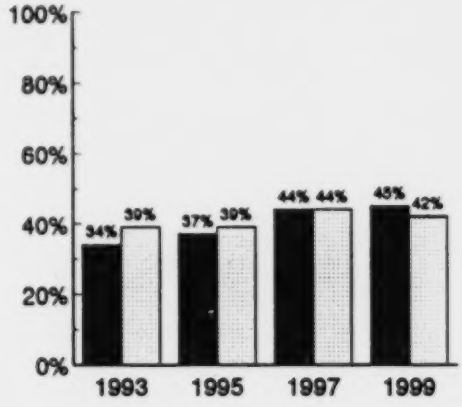
Question 32

Percentage of respondents who smoked cigarettes on one or more of the past 30 days = 44%

Responses by Grade



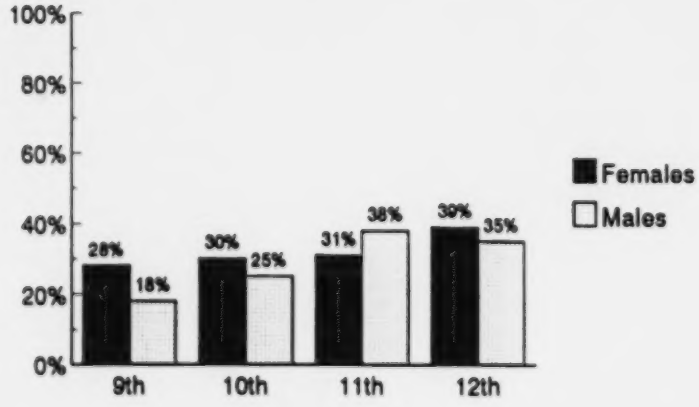
Responses by Year



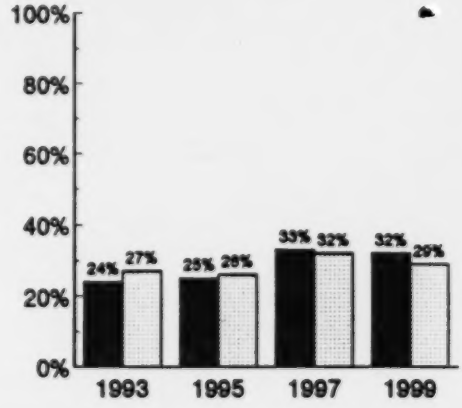
Question 33

Percentage of respondents who smoked 2 or more cigarettes per day on the days they smoked = 30%

Responses by Grade



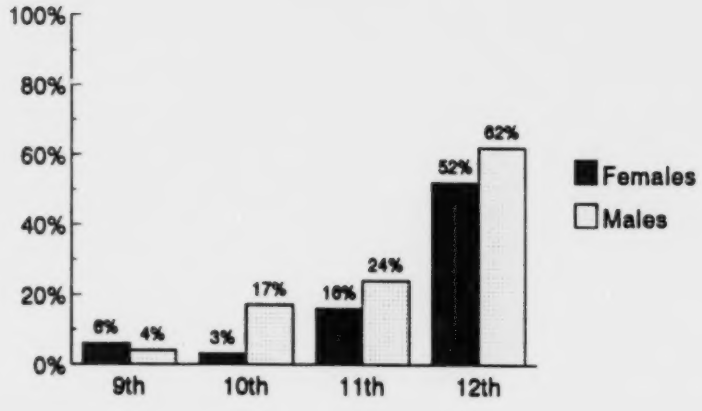
Responses by Year



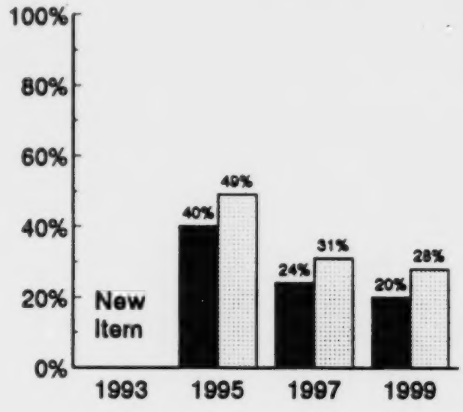
Question 34

Of respondents who smoked cigarettes during the past 30 days, the percentage who bought their own cigarettes in a store such as a convenience store, a supermarket, or a gas station = 24%

Responses by Grade



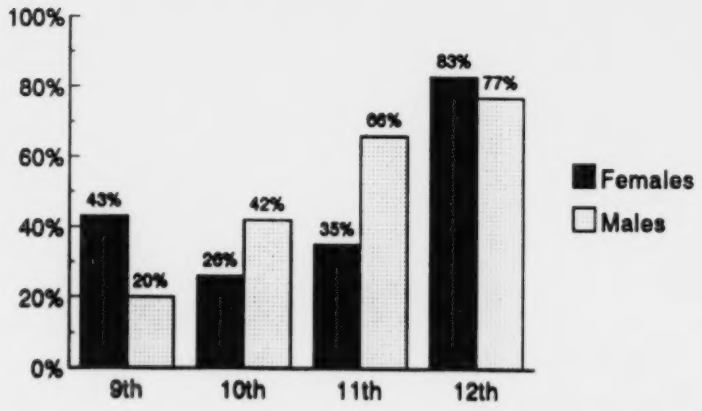
Responses by Year



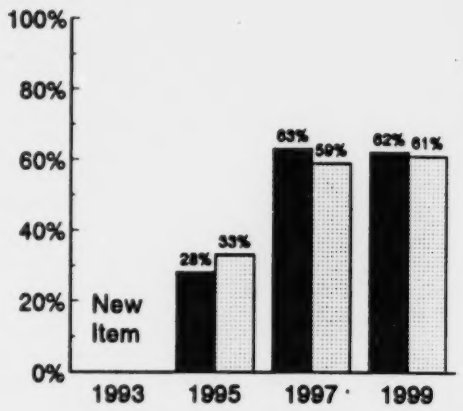
Question 35

Of respondents who bought cigarettes in a store during the past 30 days, the percentage who were ever asked to show proof of age = 61%

Responses by Grade



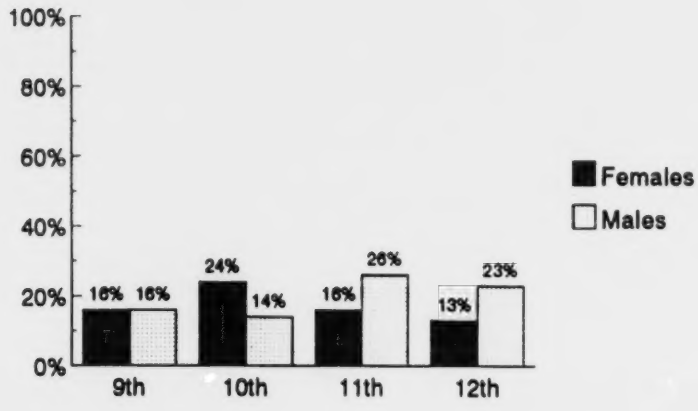
Responses by Year



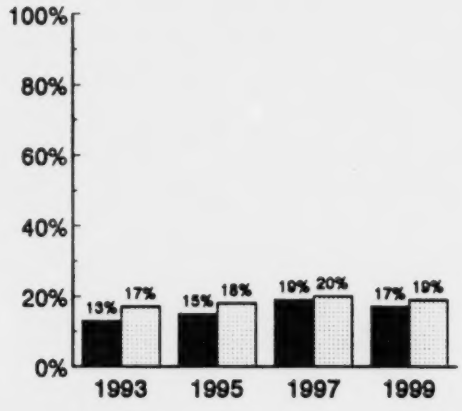
Question 36

Percentage of respondents who smoked cigarettes on school property on one or more of the past 30 days = 18%

Responses by Grade



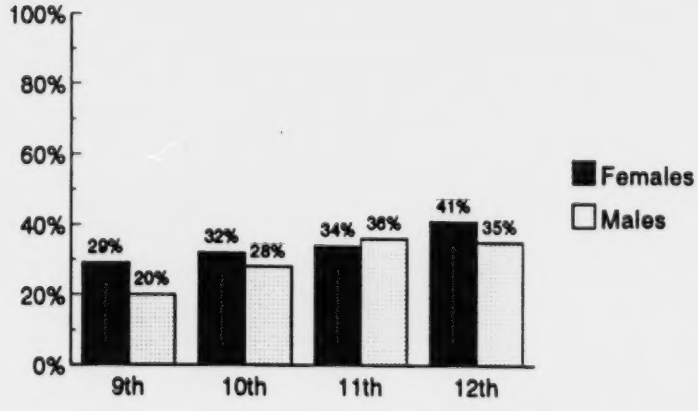
Responses by Year



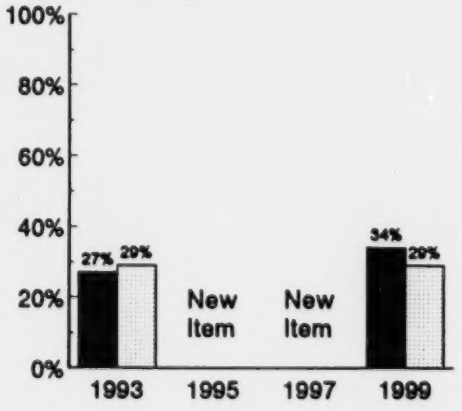
Question 37

Percentage of respondents who ever smoked cigarettes regularly, that is, at least one cigarette every day for 30 days = 32%

Responses by Grade



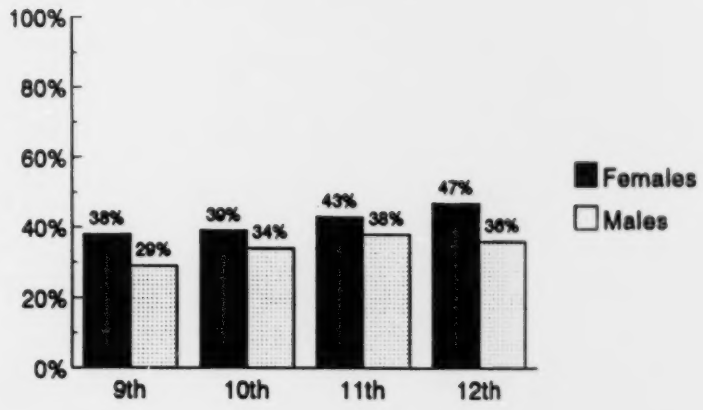
Responses by Year



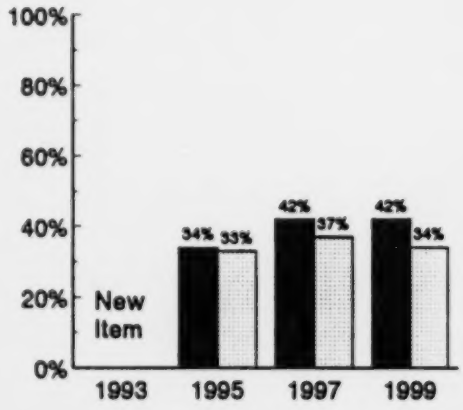
Question 38

Percentage of respondents who ever tried to quit smoking cigarettes = 38%

Responses by Grade



Responses by Year



Tobacco Use

Questions:

39. During the past 30 days, on how many days did you use chewing tobacco or snuff, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

40. During the past 30 days, on how many days did you use chewing tobacco or snuff on school property?

41. During the past 30 days, on how many days did you smoke cigars, cigarillos, or little cigars?

Rationale:

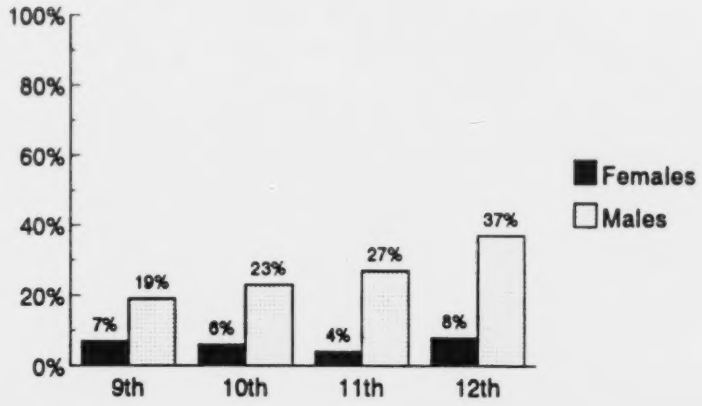
These questions measure smokeless tobacco use, smokeless tobacco use on school property, and cigar use. Smokeless tobacco has been associated with leukoplakia, oral cancers, tooth and gum disease, and cardiovascular disease.[21] Smokeless tobacco use primarily begins in early adolescence.[25] Between 1970 and 1986, the prevalence of snuff use increased 15 times and chewing tobacco use increased four times among men aged 17-19.[21] Cigar smoking has been associated with cancers of the oral cavity, larynx, esophagus, and lung and with chronic obstructive lung disease.[26] In 1997, the prevalence of cigar use in the past month among high school students was 31.2% among males and 10.8% among females.[27]

Results: The results for Questions 39 - 41 are summarized on pages 37 and 38.

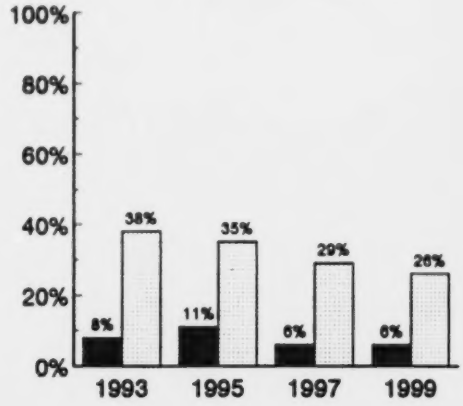
Question 39

Percentage of respondents who used chewing tobacco or snuff such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen, during the past 30 days = 16%

Responses by Grade



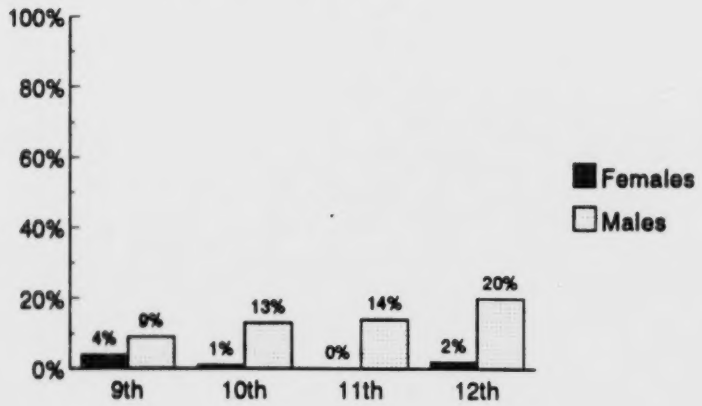
Responses by Year



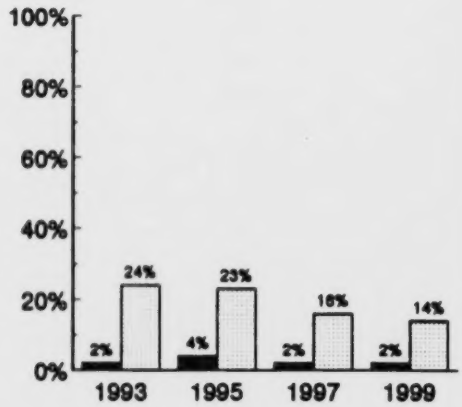
Question 40

Percentage of respondents who used chewing tobacco or snuff on school property on one or more of the past 30 days = 8%

Responses by Grade



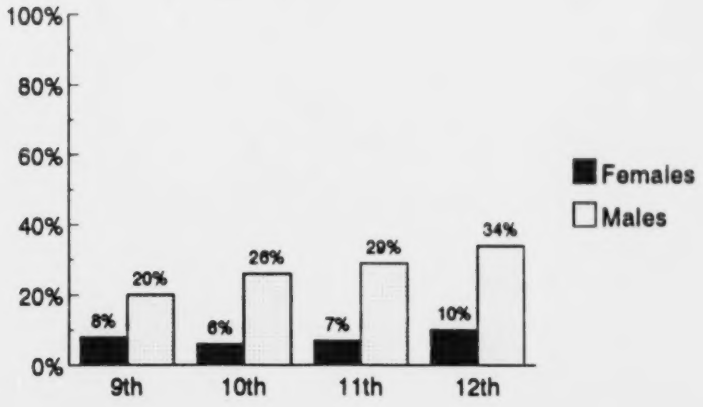
Responses by Year



Question 41

Percentage of respondents who smoked cigars, cigarillos, or little cigars on one or more of the past 30 days = 18%

Responses by Grade



Responses by Year

Alcohol and Other Drug Use

Questions:

42. During your life, on how many days have you had at least one drink of alcohol?

43. How old were you when you had your first drink of alcohol other than a few sips?

44. During the past 30 days, on how many days did you have at least one drink of alcohol?

45. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours?

46. During the past 30 days, on how many days did you have at least one drink of alcohol on school property?

Rationale:

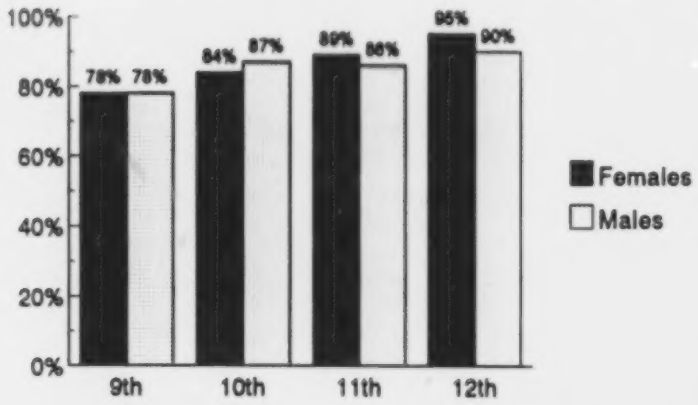
These questions measure frequency of alcohol use, age of initiation, heavy drinking, and drinking on school property. Alcohol is a major contributing factor in approximately half of all homicides, suicides, and motor vehicle crashes, which are the leading causes of death and disability among young people.[28] Heavy drinking among youth has been linked to multiple sexual partners, use of marijuana, and poor academic performance.[29]

Results: The results for Questions 42 - 46 are summarized on pages 40 - 42.

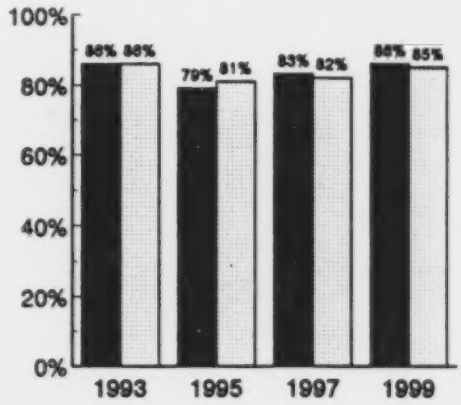
Question 42

Percentage of respondents who had at least one drink of alcohol on one or more days during their life = 86%

Responses by Grade



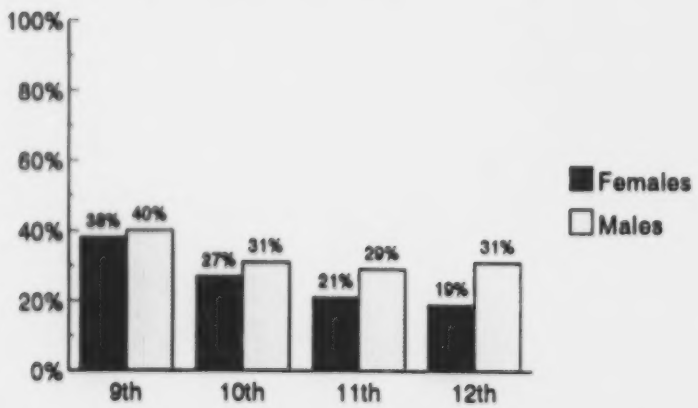
Responses by Year



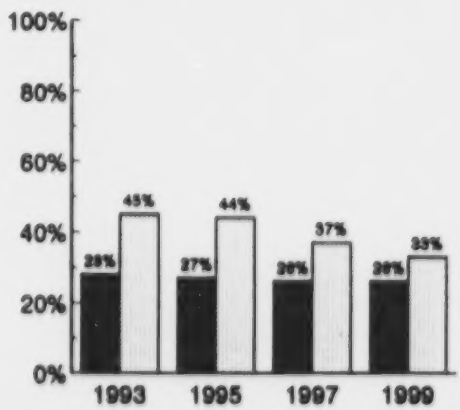
Question 43

Percentage of respondents who had their first drink of alcohol other than a few sips prior to age 13 = 30%

Responses by Grade



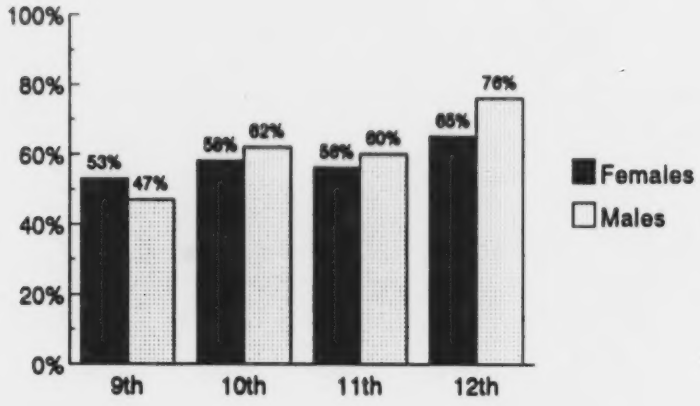
Responses by Year



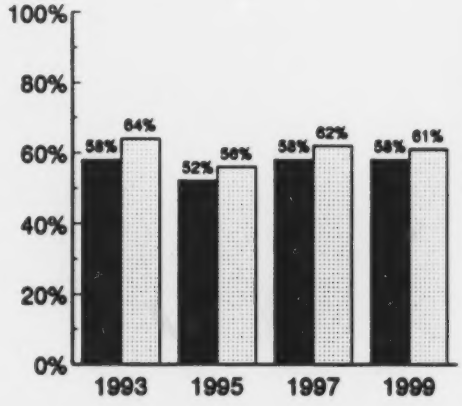
Question 44

Percentage of respondents who had at least one drink of alcohol on one or more of the past 30 days = 59%

Responses by Grade



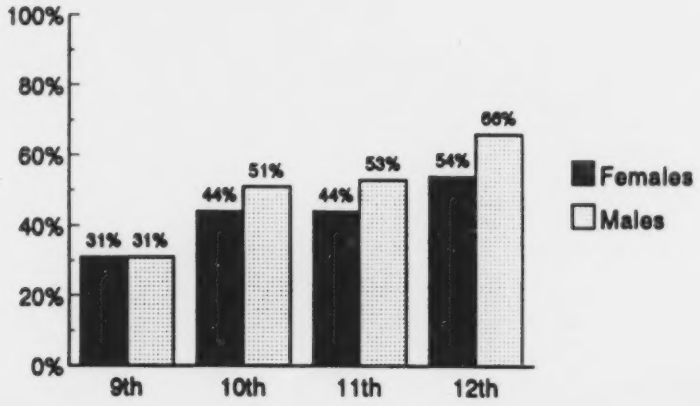
Responses by Year



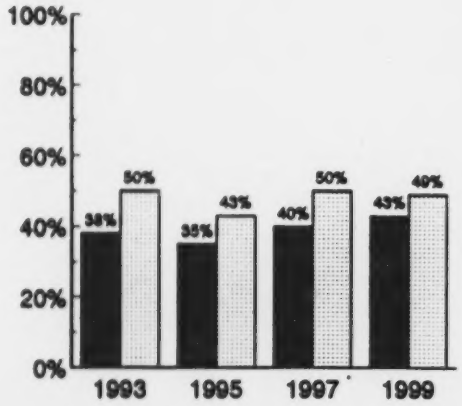
Question 45

Percentage of respondents who had 5 or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days = 46%

Responses by Grade



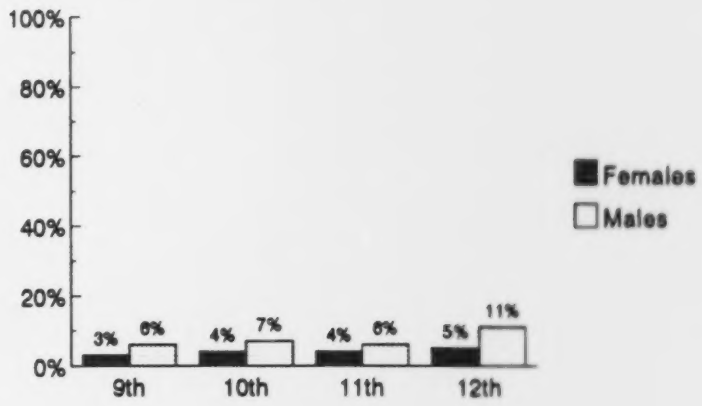
Responses by Year



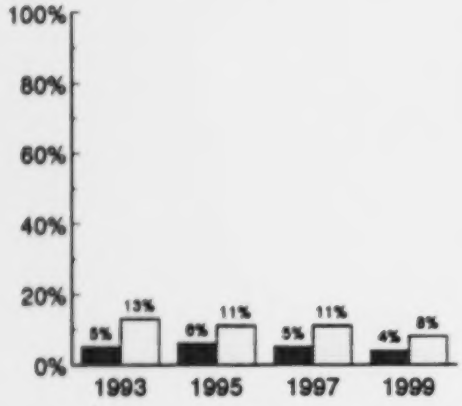
Question 46

Percentage of respondents who had at least one drink of alcohol on school property on one or more of the past 30 days = 6%

Responses by Grade



Responses by Year



Alcohol and Other Drug Use

Questions:

50. During you life, how many times have you used marijuana?

51. How old were you when you tried marijuana for the first time?

52. During the past 30 days, how many times did you use marijuana?

53. During the past 30 days, how many times did you use marijuana on school property?

54. During you life, how many times have you used any form of cocaine, including powder, crack, or freebase?

55. During the past 30 days, how many times did you use any form of cocaine, including powder, crack, or freebase?

56. During your life, how many times have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?

57. During you life, how many times have you used methamphetamines (also called speed, crystal, crank, or ice)?

58. During your life, how many times have you taken steroid pills or shots without a doctor's prescription?

59. During your life, how many times have you used a needle to inject any illegal drug into your body?

60. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?

Rationale:

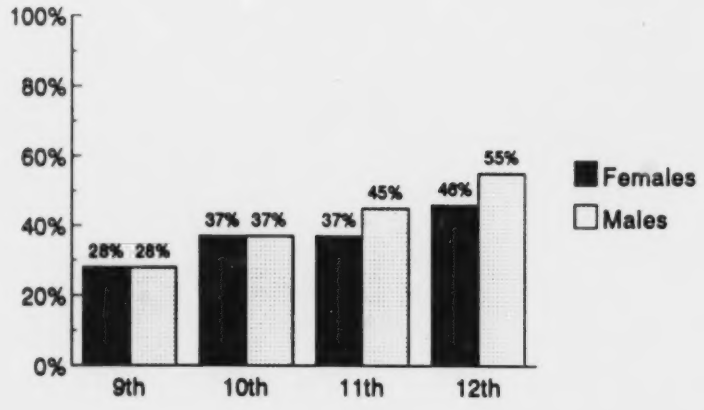
These questions measure the frequency of marijuana, cocaine, inhalant, methamphetamine, steroid, and injected drug use. In addition to morbidity and mortality due to injury, drug abuse is related to suicide, early unwanted pregnancy, school failure, delinquency, and transmissions of sexually transmitted diseases (STD), including human immunodeficiency virus (HIV) infection.[30,31] Despite improvements in recent years, drug use is greater among high school students and other young adults in the U.S. than has been documented in any other industrialized nation in the world.[32]

Results: The results for Questions 50 - 60 are summarized on pages 44 - 49.

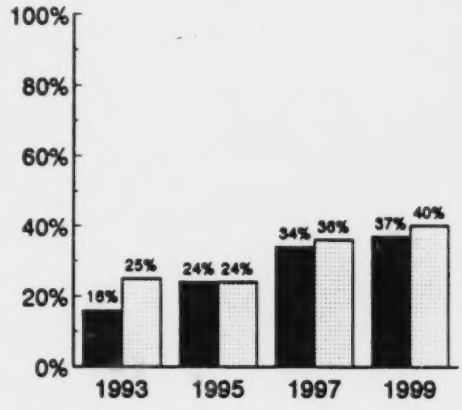
Question 50

Percentage of respondents who used marijuana one or more times during their life = 38%

Responses by Grade



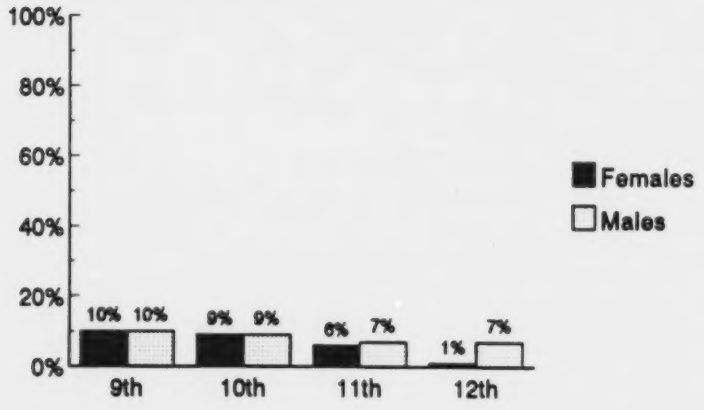
Responses by Year



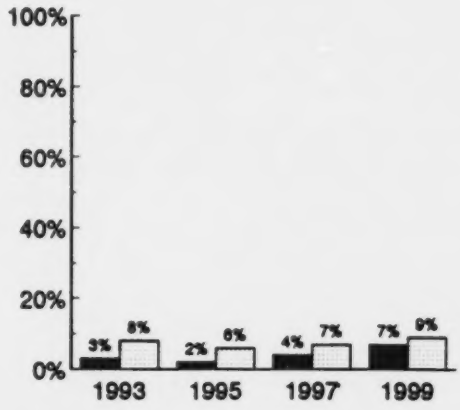
Question 51

Percentage of respondents who tried marijuana for the first time prior to age 13 = 8%

Responses by Grade



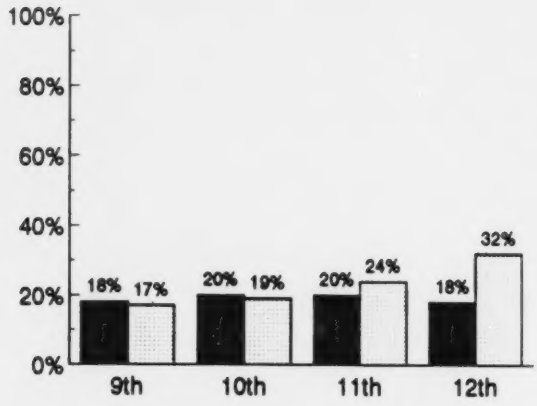
Responses by Year



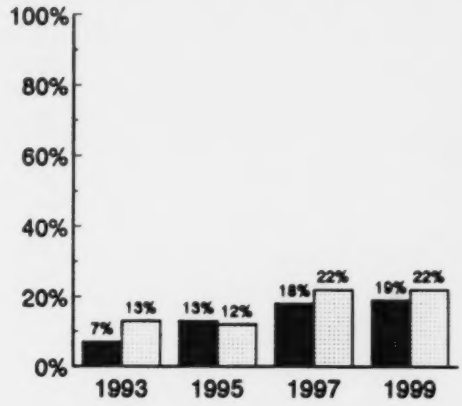
Question 52

Percentage of respondents who used marijuana one or more times during the past 30 days = 21%

Responses by Grade



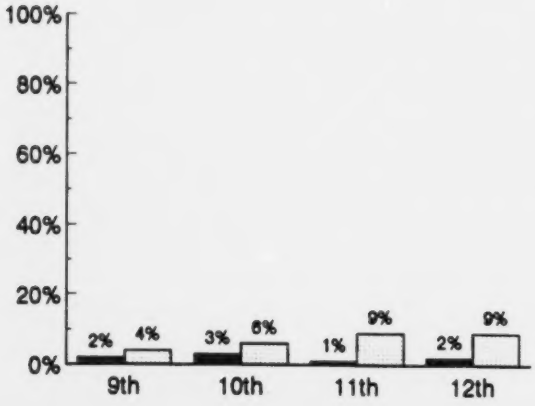
Responses by Year



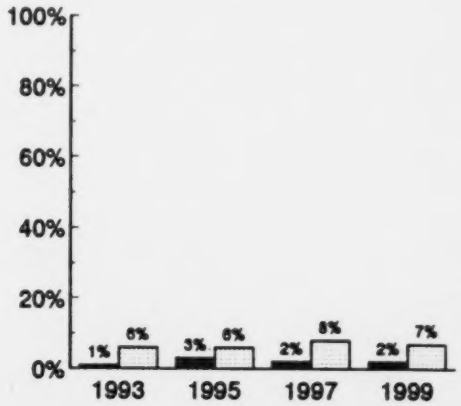
Question 53

Percentage of respondents who used marijuana on school property one or more times during the past 30 days = 5%

Responses by Grade



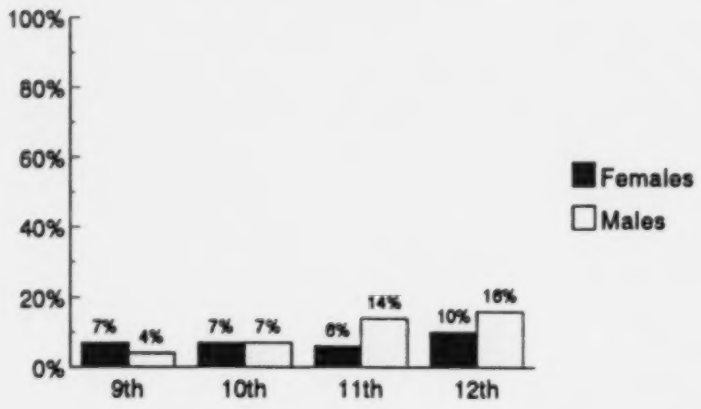
Responses by Year



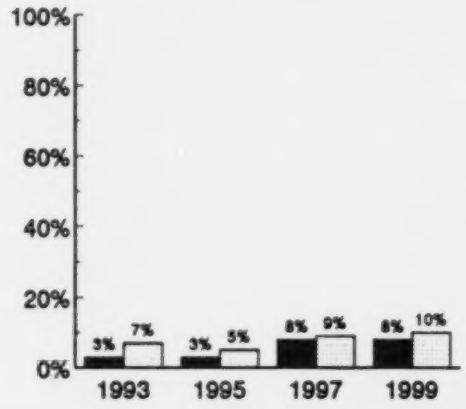
Question 54

Percentage of respondents who used any form of cocaine, including powder, crack, or freebase, one or more times during their life = 9%

Responses by Grade



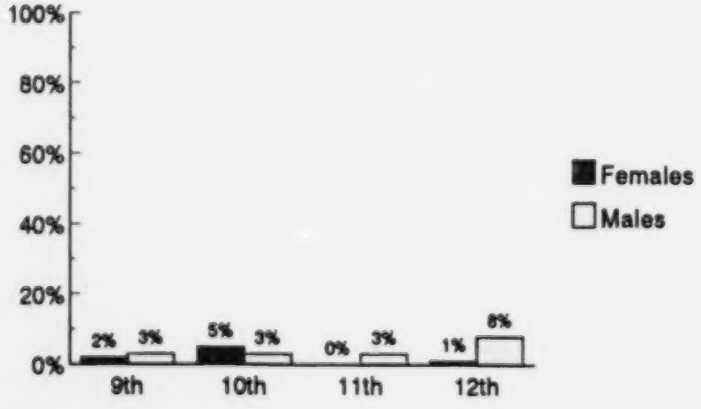
Responses by Year



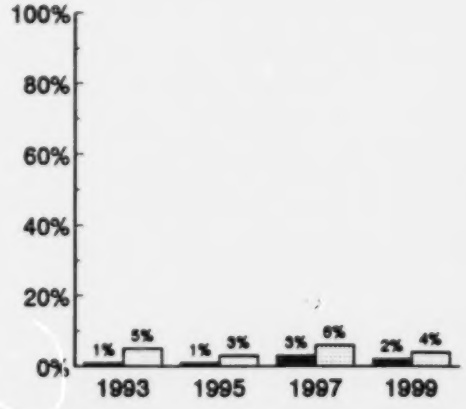
Question 55

Percentage of respondents who had used any form of cocaine including powder, crack, or freebase, one or more times during the past 30 days = 3%

Responses by Grade



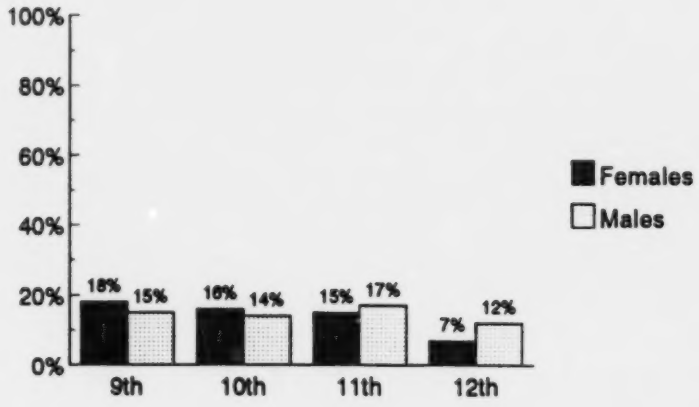
Responses by Year



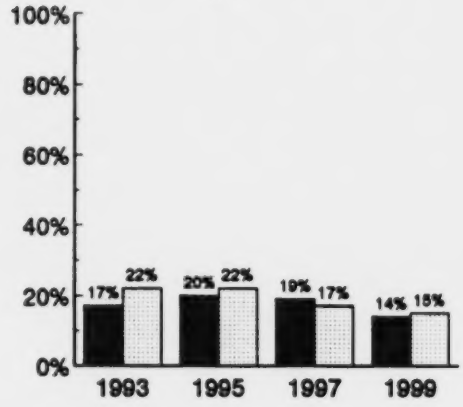
Question 56

Percentage of respondents who had sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any sprays or paints to get high during their life = 14%

Responses by Grade



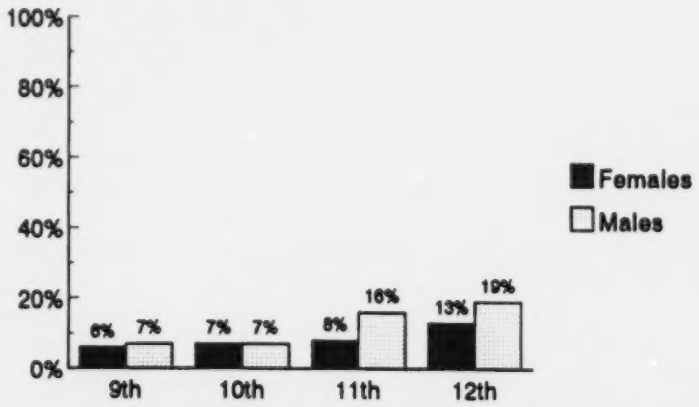
Responses by Year



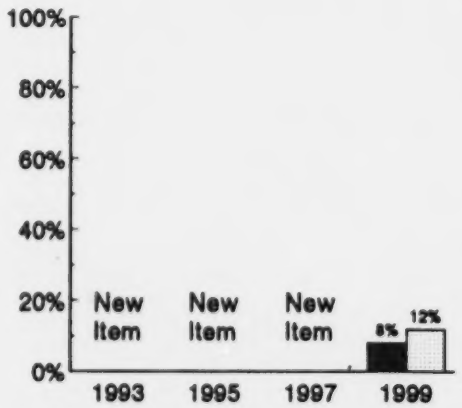
Question 57

Percentage of respondents who used methamphetamines one or more times during their life = 10%

Responses by Grade



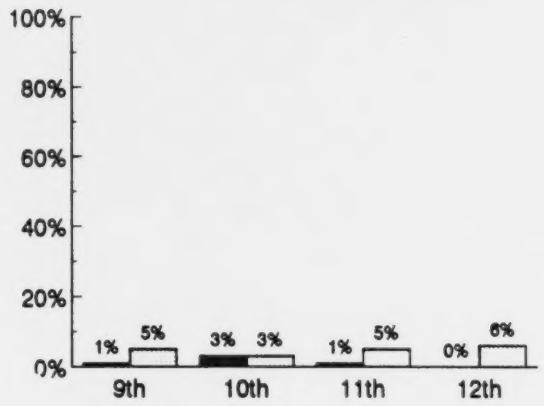
Responses by Year



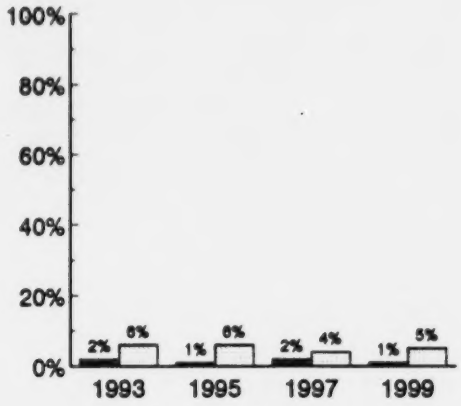
Question 58

Percentage of respondents who had taken steroid pills or shots without a doctor's prescription, one or more times during their life = 3%

Responses by Grade



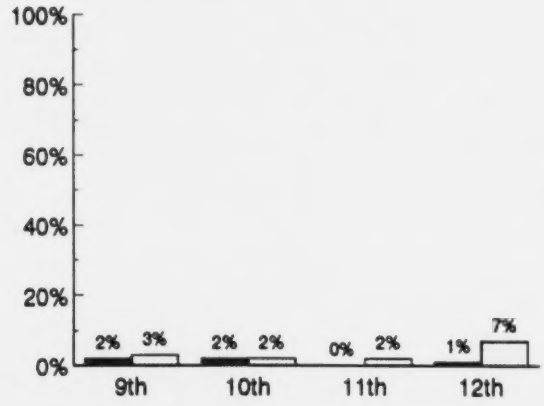
Responses by Year



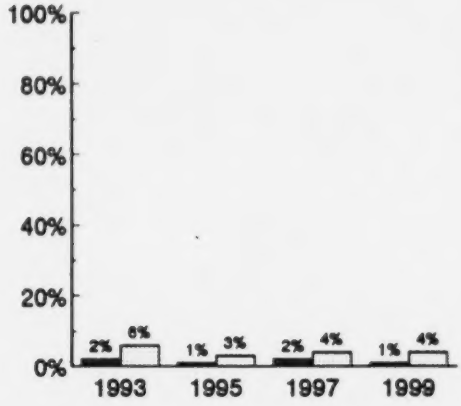
Question 59

Percentage of respondents who ever used a needle to inject any illegal drug into their body one or more times during their life = 2%

Responses by Grade



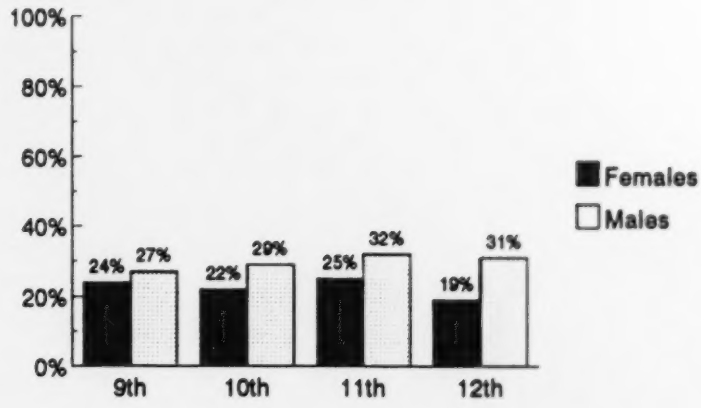
Responses by Year



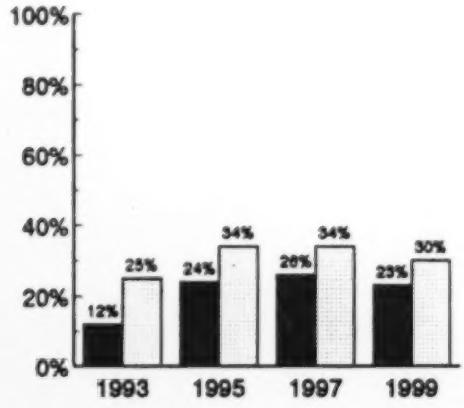
Question 60

Percentage of respondents who have had someone offer, sell, or give them an illegal drug on school property during the past 12 months = 26%

Responses by Grade



Responses by Year



Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

Questions:

67. Have you ever had sexual intercourse?

68. How old were you when you had sexual intercourse for the first time?

69. During your life, with how many people have you had sexual intercourse?

70. During the past 3 months, with how many people did you have sexual intercourse?

71. Did you drink alcohol or use drugs before you had sexual intercourse the last time?

72. The last time you had sexual intercourse, did you or your partner use a condom?

98. Have you ever been taught about AIDS or HIV infection in school?

Rationale:

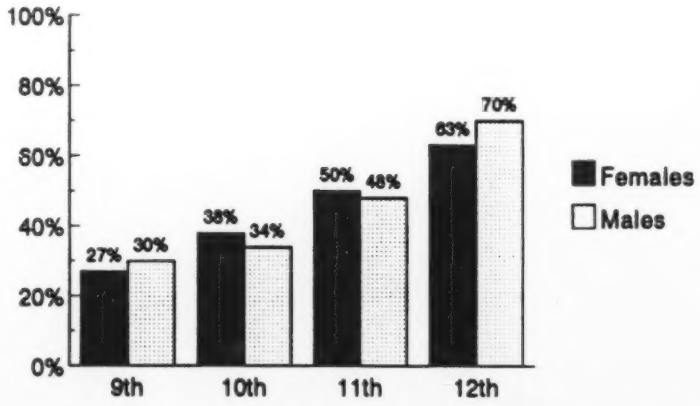
These questions measure the prevalence of sexual activity, number of sexual partners, age at first intercourse, alcohol and drug use related to sexual activity, condom use, and whether students have received HIV education. Early sexual activity is associated with unwanted pregnancy and sexually transmitted diseases (STD), including HIV infection, and negative effects on social and psychological development.[33] Number of sexual partners and age at first intercourse are associated with increased risk for STD. Alcohol and other drug use may serve as predisposing factors for initiation of sexual activity and unprotected sexual intercourse.[34] AIDS is the 6th leading cause of death for youth aged 15-24.[6] Use of latex condoms by males, when used consistently and correctly, are highly effective at reducing the risk of HIV infection and other sexually transmitted diseases (STDs).[35] In 1994, 86% of middle/junior and senior high schools taught HIV prevention education in a required course.[36]

Results: The results for Questions 67 - 72, and 98 are summarized on pages 51 - 54.

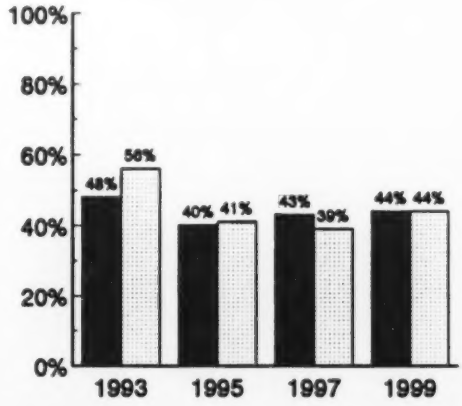
Question 67

Percentage of respondents who ever had sexual intercourse = 44%

Responses by Grade



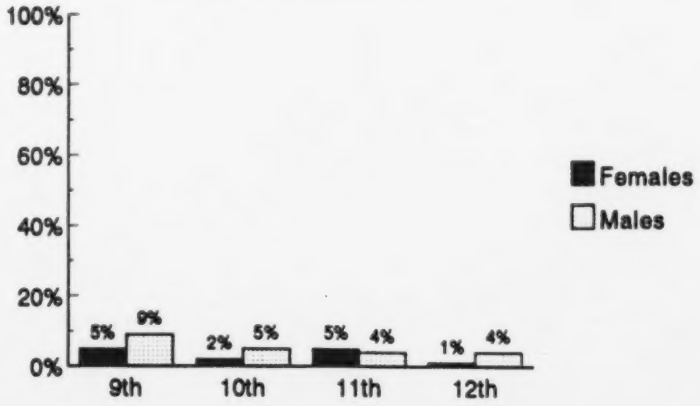
Responses by Year



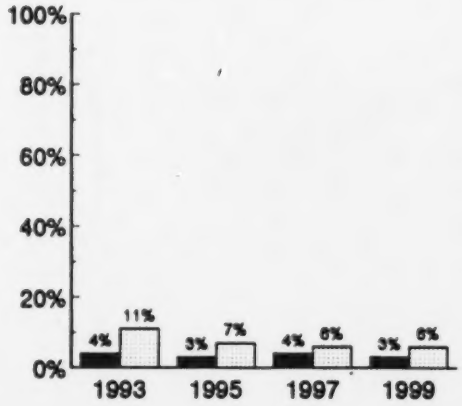
Question 68

Percentage of respondents who had sexual intercourse for the first time prior to age 13 = 5%

Responses by Grade



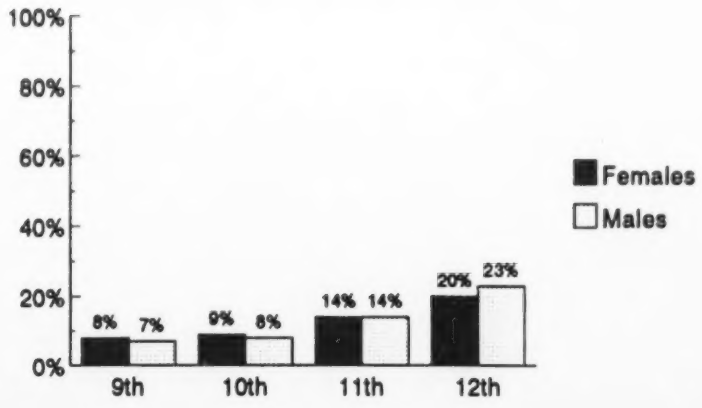
Responses by Year



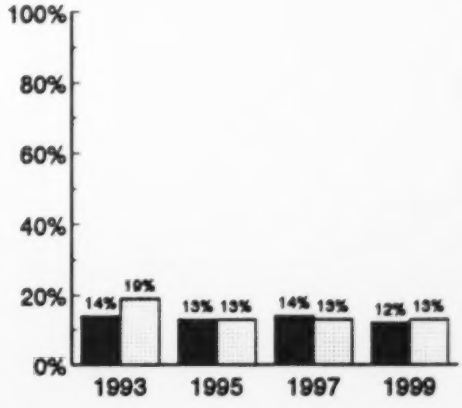
Question 69

Percentage of respondents who had sexual intercourse with four or more people during their life = 13%

Responses by Grade



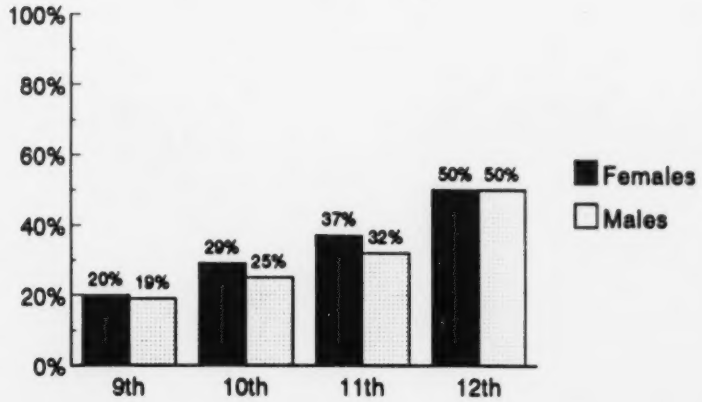
Responses by Year



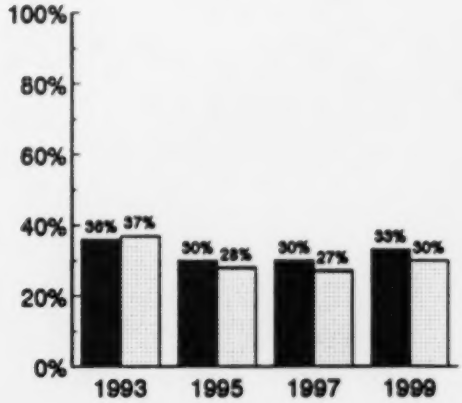
Question 70

Percentage of respondents who had sexual intercourse with one or more people during the past 3 months = 32%

Responses by Grade



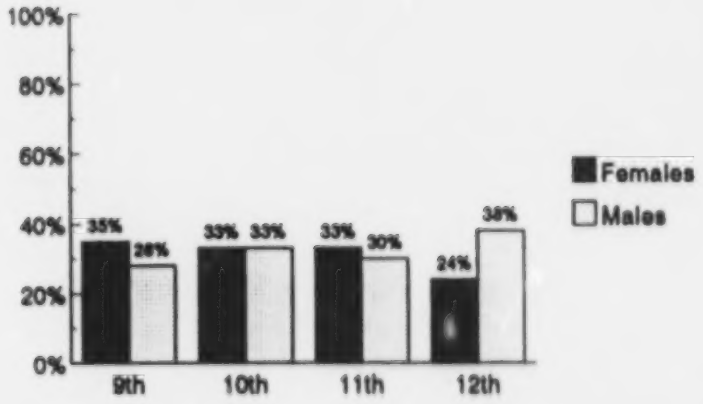
Responses by Year



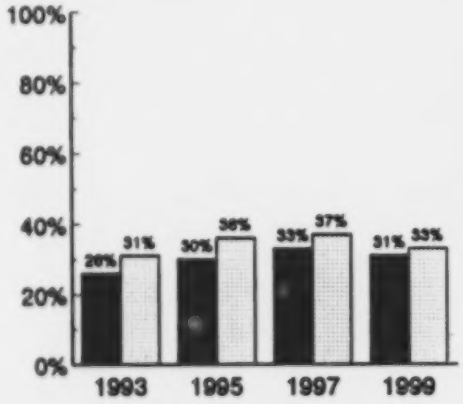
Question 71

Of respondents who had sexual intercourse, the percentage who drank alcohol or used drugs before last sexual intercourse = 32%

Responses by Grade



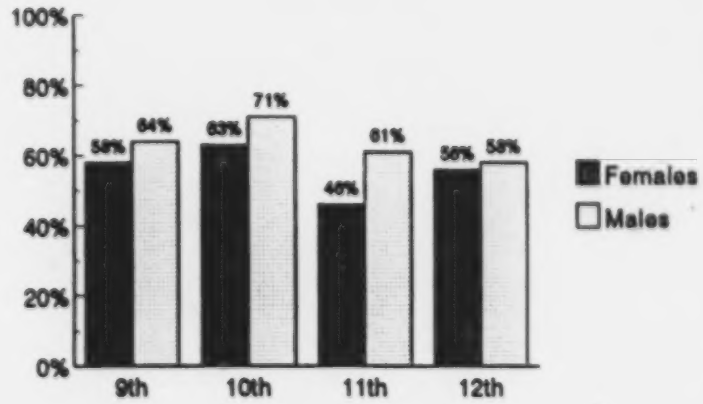
Responses by Year



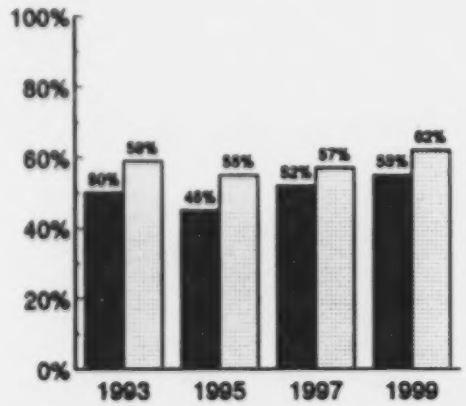
Question 72

Of respondents who had sexual intercourse, the percentage who used or whose partner used a condom during last sexual intercourse = 59%

Responses by Grade



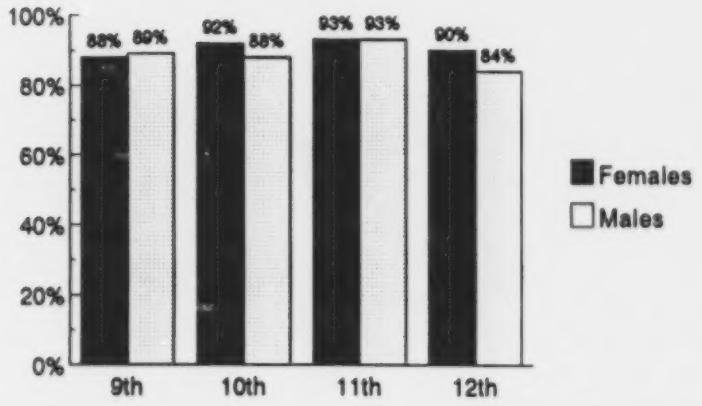
Responses by Year



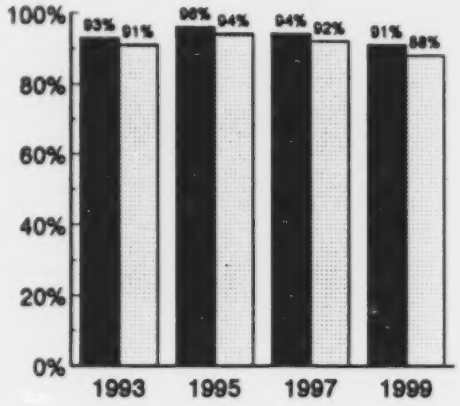
Question 98

Percentage of respondents who had been taught about AIDS/HIV infection in school = 89%

Responses by Grade



Responses by Year



Sexual Behaviors that Result in HIV Infection, Other Sexually Transmitted Diseases, and Unintended Pregnancies

Questions:

73. The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?

74. How many times have you been pregnant or gotten someone pregnant?

Rationale:

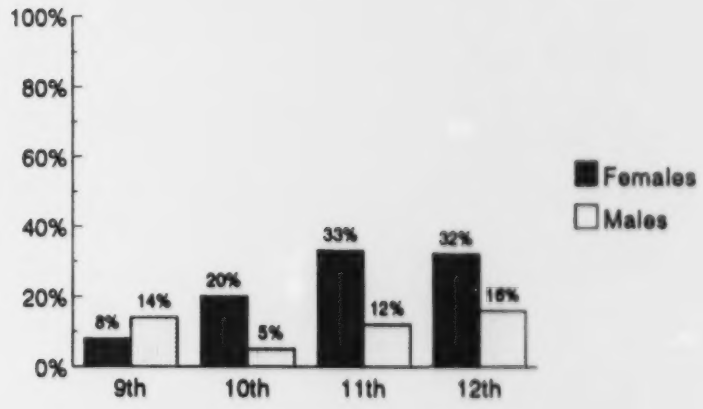
These questions measure use of contraception and identify whether a student has been pregnant or gotten someone pregnant. Pregnancies that occur during adolescence place both mothers and infants at risk for lifelong social and economic disadvantages.[33] In 1995, almost one million teenage girls in the United States became pregnant, just over 243,000 teenagers obtained an abortion,[37] and nearly 492,000 gave birth.[38] In 1996, the birth rate for youth aged 15-19 was 54.4 per 1,000 women.[38] Sixty-six percent of all births among teenagers are the result of unintended pregnancy.[39]

Results: The results for Questions 73 and 74 are summarized on page 56.

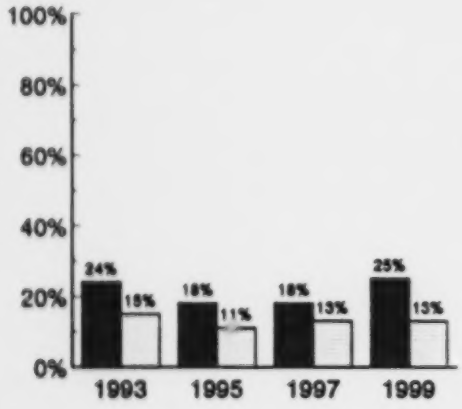
Question 73

Of respondents who had sexual intercourse, the percentage who used or whose partner used birth control pills to prevent pregnancy during last sexual intercourse = 19%

Responses by Grade



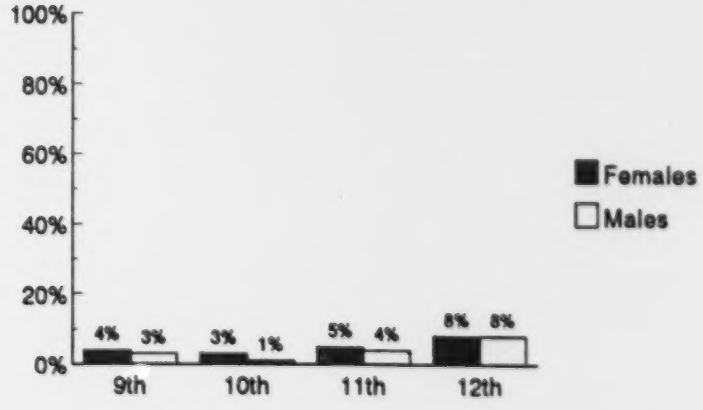
Responses by Year



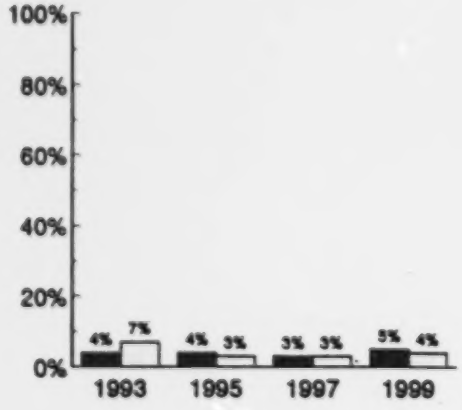
Question 74

Percentage of respondents who have been pregnant or gotten someone pregnant one or more times = 4%

Responses by Grade



Responses by Year



Dietary Behaviors

Questions:

5. How tall are you without your shoes on?
6. How much do you weigh without your shoes on?
75. How do you describe your weight?
76. Which of the following are you trying to do about your weight?
77. During the past 30 days, did you exercise to lose weight or to keep from gaining weight?
78. During the past 30 days, did you eat less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight?
79. During the past 30 days, did you go without eating for 24 hours or more (also called fasting) to lose weight or to keep from gaining weight?
80. During the past 30 days, did you take any diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight? (Do not include meal replacement products such as Slim Fast.)
81. During the past 30 days, did you vomit or take laxatives to lose weight or to keep from gaining weight?

Rationale:

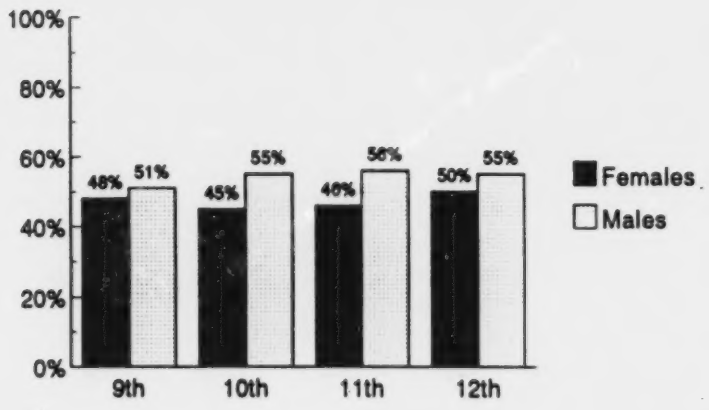
These questions measure self-reported height and weight, self-perception of body weight status, and specific weight control behaviors. Data on self-reported height and weight can be used to calculate body mass index and provide a reasonable proxy measure of whether students are overweight. Although overweight prevalence estimates derived from self-reported data are likely to be low,[40,41] they can be useful in tracking trends over time. Prevalence trends from national surveys of adults using self-reported height and weight have been consistent with trend data from national surveys using measured heights and weights.[42] The prevalence of overweight among adolescents more than doubled from 5% in the late 1970s to 11% between 1988 and 1994.[43] Overweight or obesity acquired during childhood or adolescence may persist into adulthood and increase the risk later in life for coronary heart disease, gallbladder disease, some types of cancer, and osteoarthritis of the weight-bearing joints.[44] In adolescence, obesity is associated with hyperlipidemia, hypertension, abnormal glucose tolerance, and adverse psychological and social consequences.[45] Studies have shown high rates of body dissatisfaction and dieting among adolescent females, with many engaging in unhealthy weight control behaviors, such as fasting and self-induced vomiting.[45-49]

Results: The results for Questions 75 - 81 are summarized on pages 58 - 61. Also, on page 62 the results of Questions 5 and 6 are used to show the percentage of students who are overweight, and the percentage of students who are at risk for becoming overweight.

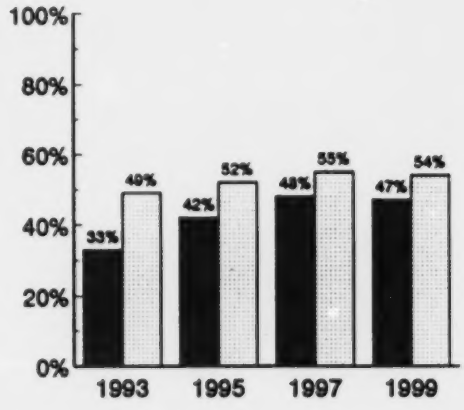
Question 75

Percentage of respondents who think of themselves as about the right weight = 51%

Responses by Grade



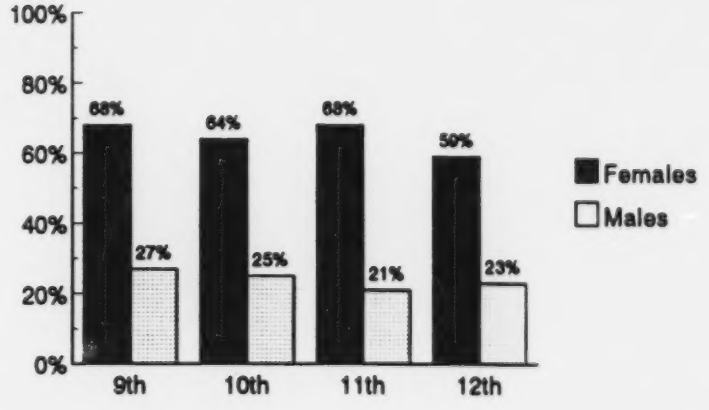
Responses by Year



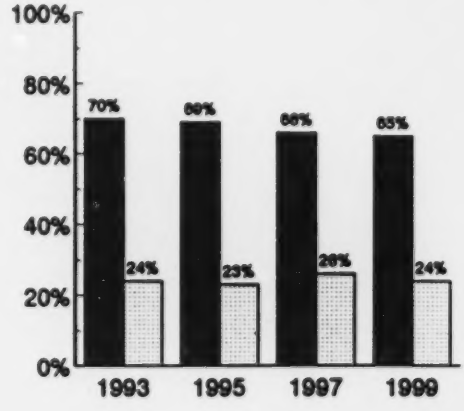
Question 76

Percentage of respondents who are trying to lose weight = 44%

Responses by Grade



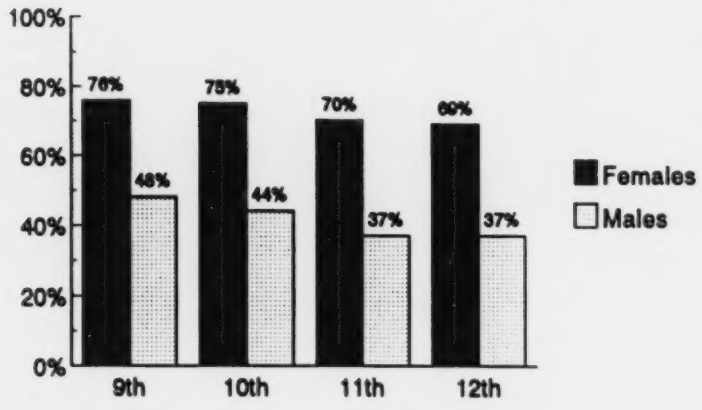
Responses by Year



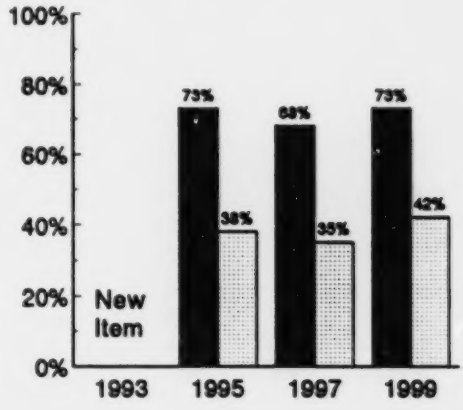
Question 77

Percentage of respondents who exercised to lose weight or to keep from gaining weight during the past 30 days = 57%

Responses by Grade



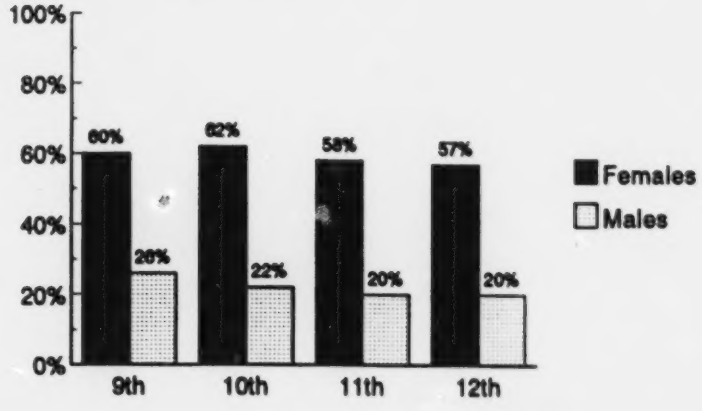
Responses by Year



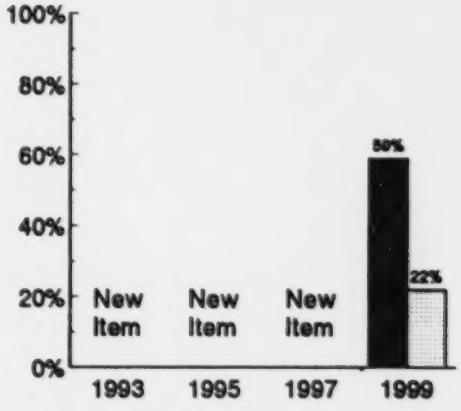
Question 78

Percentage of respondents who ate less food, fewer calories, or foods low in fat to lose weight or to keep from gaining weight during the past 30 days = 40%

Responses by Grade



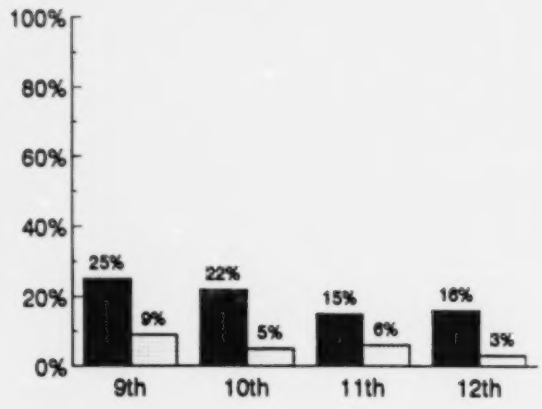
Responses by Year



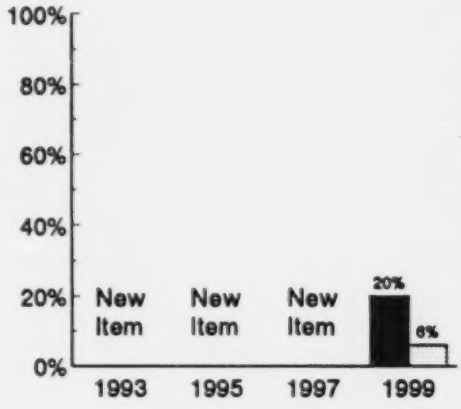
Question 79

Percentage of respondents who went without eating for 24 hours or more to lose weight or to keep from gaining weight during the past 30 days = 13%

Responses by Grade



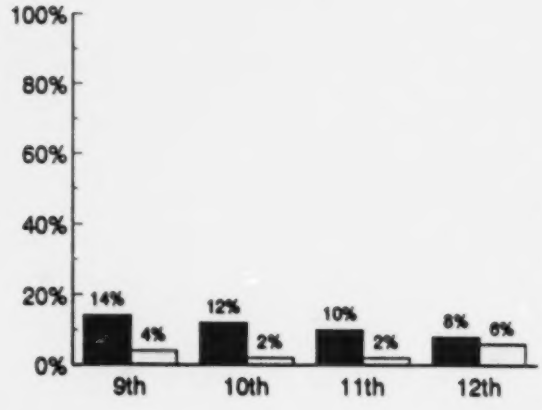
Responses by Year



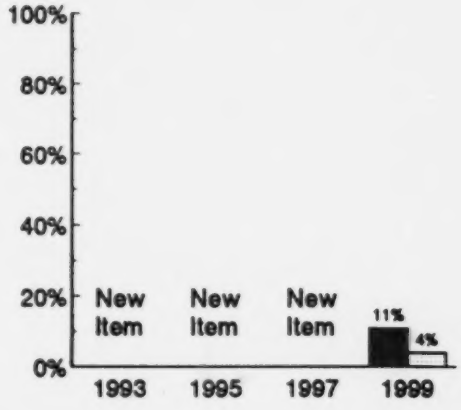
Question 80

Percentage of respondents who took diet pills, powders, or liquids without a doctor's advice to lose weight or to keep from gaining weight during the past 30 days = 7%

Responses by Grade



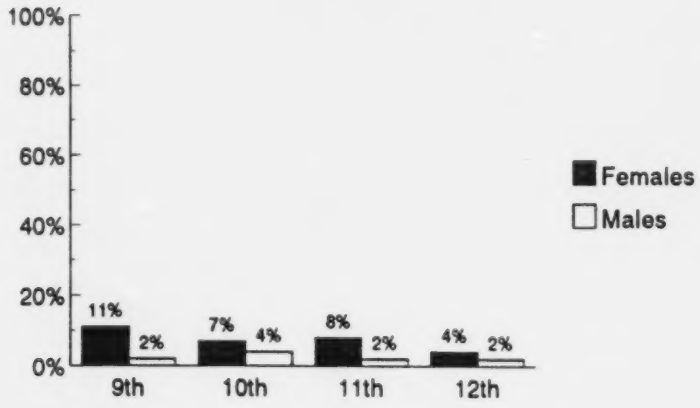
Responses by Year



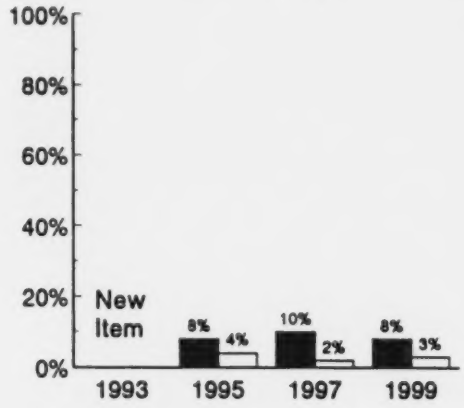
Question 81

Percentage of respondents who vomited or took laxitives to lose weight or to keep from gaining weight during the past 30 days = 5%

Responses by Grade



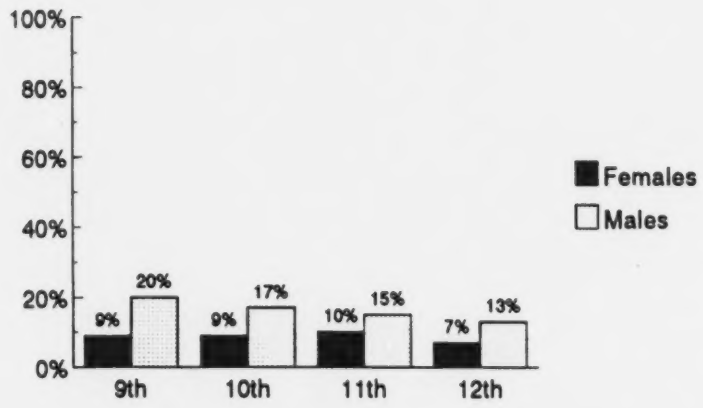
Responses by Year



Questions 5 and 6

Percentage of respondents who are at risk for becoming overweight = 13%

Responses by Grade

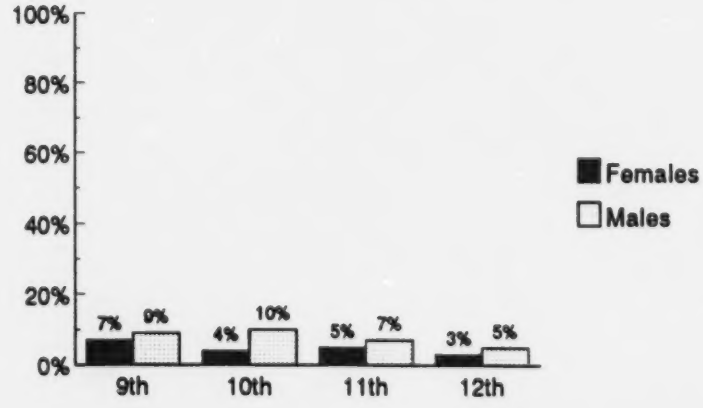


Responses by Year

Questions 5 and 6

Percentage of respondents who are overweight = 6%

Responses by Grade



Responses by Year

Dietary Behaviors

Questions:

82. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

83. During the past 7 days, how many times did you eat fruit? (Do not count fruit juice.)

84. During the past 7 days, how many times did you eat green salad?

85. During the past 7 days, how many times did you eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)

86. During the past 7 days, how many times did you eat carrots?

87. During the past 7 days, how many times did you eat other vegetables? (Do not count green salad, potatoes, or carrots.)

88. During the past 7 days, how many glasses of milk did you drink? (Include the milk you drank in a glass or cup, from a carton, or with cereal. Count the half pint of milk served at school as equal to one glass.)

89. During the past 7 days, how many times did you eat breakfast?

Rationale:

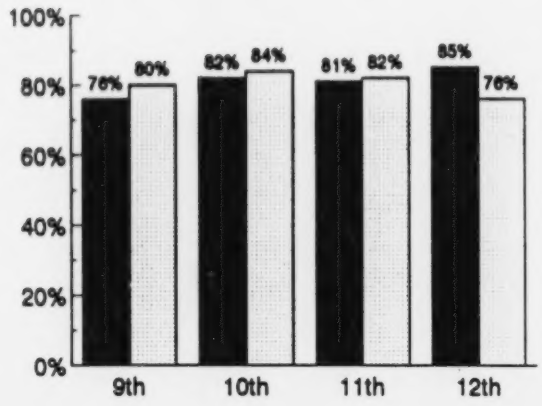
These questions measure food choices. Six of the questions address fruit and vegetable consumption, and one addresses consumption of milk. The fruit and vegetable questions are similar to questions asked of adults on CDC's Behavioral Risk Factor Survey.[50] Fruits and vegetables are good sources of complex carbohydrates, vitamins, minerals, and other substances that are important for good health. Dietary patterns with higher intakes of fruits and vegetables are associated with a variety of health benefits, including a decreased risk for some types of cancer.[44,51] Only 44% of male adolescents and 27% of female adolescents meet the minimum average daily goal of at least five servings of vegetables and fruits set by the *Dietary Guidelines for Americans*.[52] Milk is by far the largest single source of calcium for adolescents,[53] but it is estimated that about half of adolescent males and more than 80% of adolescent females do not meet dietary recommendations for calcium intake.[54] Calcium is essential for the formation and maintenance of bones and teeth;[44] low calcium intake during the first two to three decades of life is an important risk factor in the development of osteoporosis.[55]

Results: The results for Questions 82 - 89 are summarized on pages 64 - 67. Also, on page 68 the results of Questions 82 - 87 are used to show the percentage of students who ate five or more servings of fruits and vegetables per day during the past seven days.

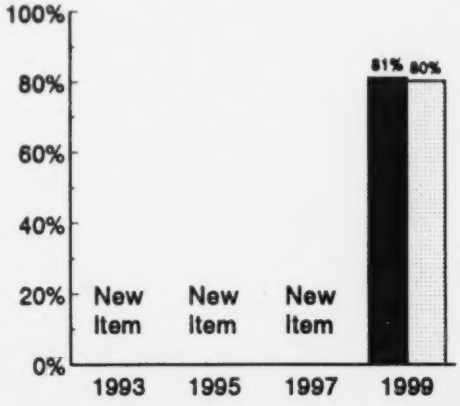
Question 82

Percentage of respondents who drank 100% fruit juices one or more times during the past seven days = 81%

Responses by Grade



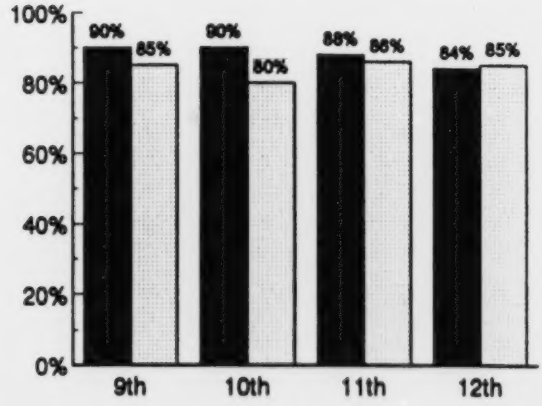
Responses by Year



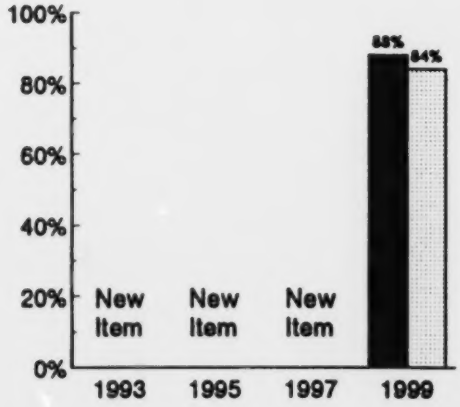
Question 83

Percentage of respondents who ate fruit one or more times during the past seven days = 86%

Responses by Grade



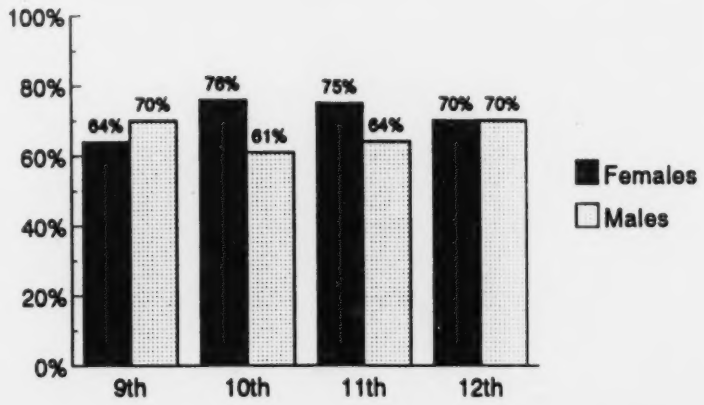
Responses by Year



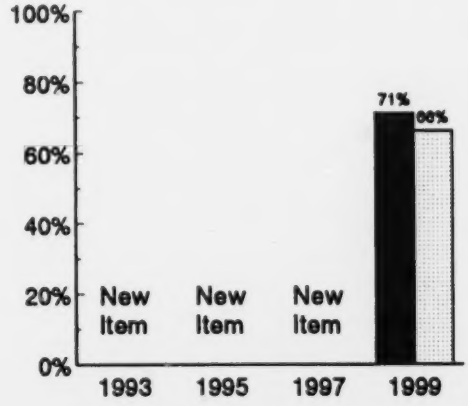
Question 84

Percentage of respondents who ate green salad one or more times during the past seven days = 68%

Responses by Grade



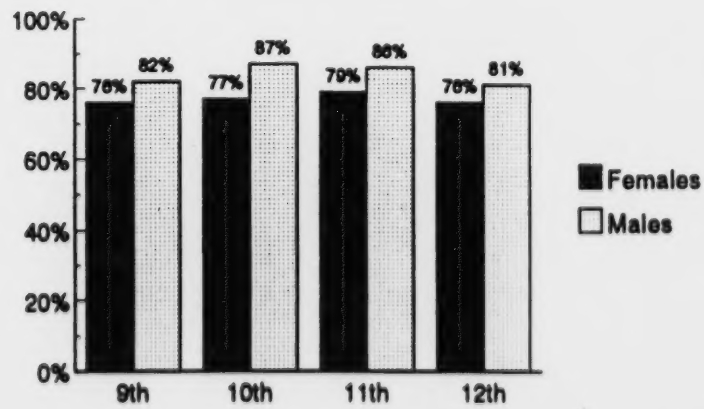
Responses by Year



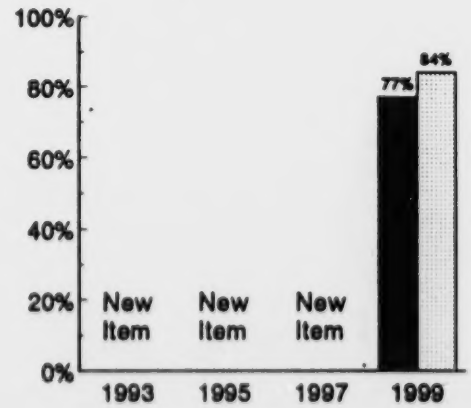
Question 85

Percentage of respondents who ate potatoes one or more times during the past seven days = 81%

Responses by Grade



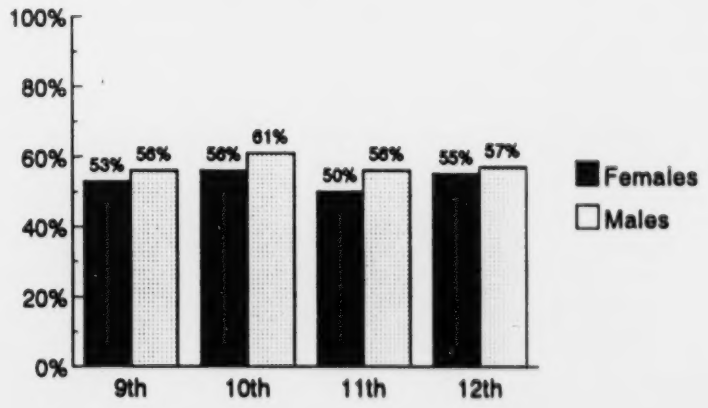
Responses by Year



Question 86

Percentage of respondents who ate carrots one or more times during the past seven days = 55%

Responses by Grade

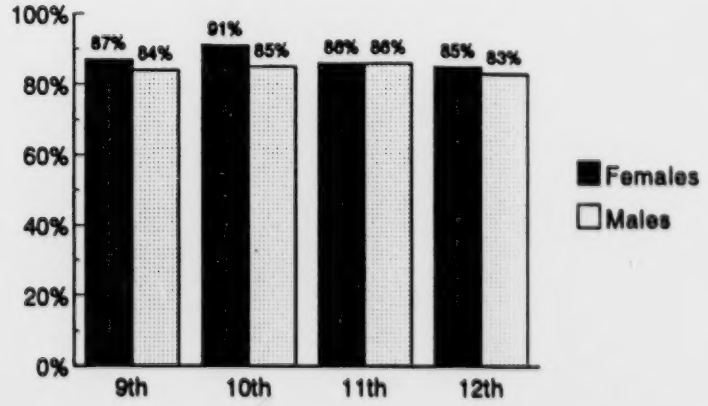


Responses by Year

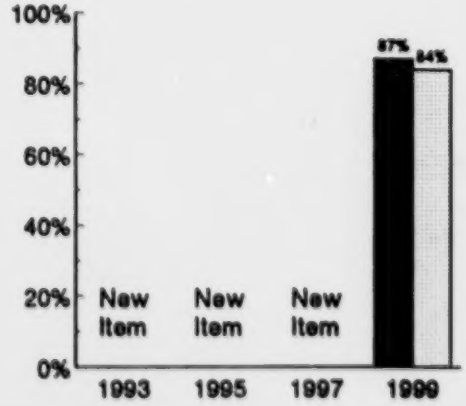
Question 87

Percentage of respondents who ate other vegetables one or more times during the past seven days = 86%

Responses by Grade



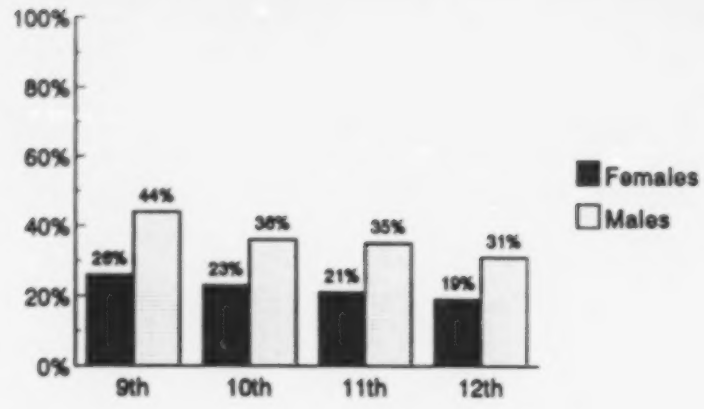
Responses by Year



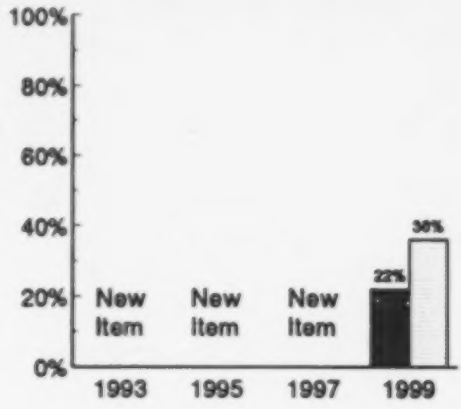
Question 88

Percentage of respondents who drank three or more glasses of milk per day during the past seven days = 30%

Responses by Grade



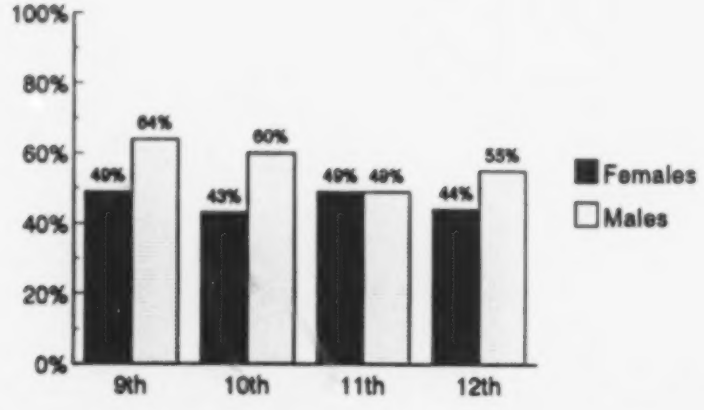
Responses by Year



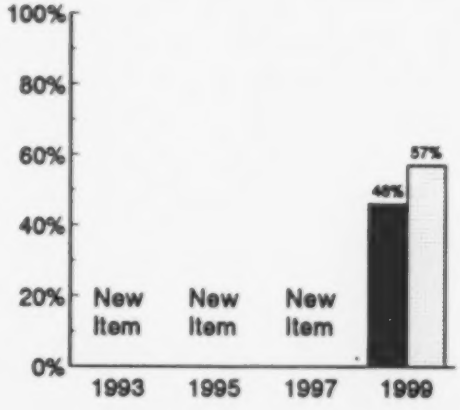
Question 89

Percentage of respondents who ate breakfast four or more times during the past seven days = 52%

Responses by Grade



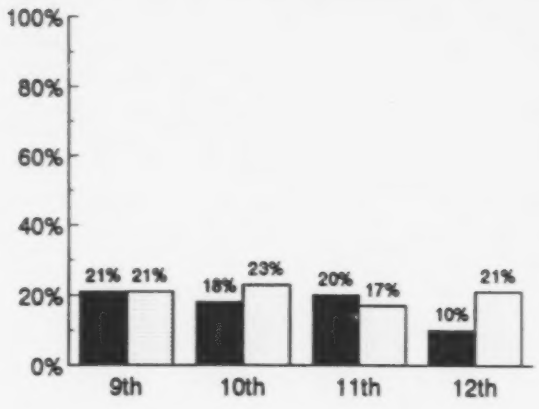
Responses by Year



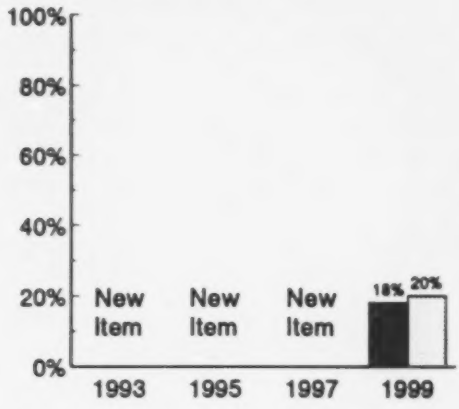
Questions 82 - 87

Percentage of respondents who ate five or more servings of fruits and vegetables per day during the past seven days = 19%

Responses by Grade



Responses by Year



70

Physical Activity

Questions:

90. On how many of the past 7 days did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activity?

91. On how many of the past 7 days did you participate in physical activity for at least 30 minutes that did not make you sweat or breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors?

92. On how many of the past 7 days did you exercise to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

93. In an average week when you are in school, on how many days do you go to physical education (PE) classes?

94. During an average physical education (PE) class, how many minutes do you spend actually exercising or playing sports?

95. During the past 12 months, on how many sports teams did you play? (Include any teams run by your school or community groups.)

Rationale:

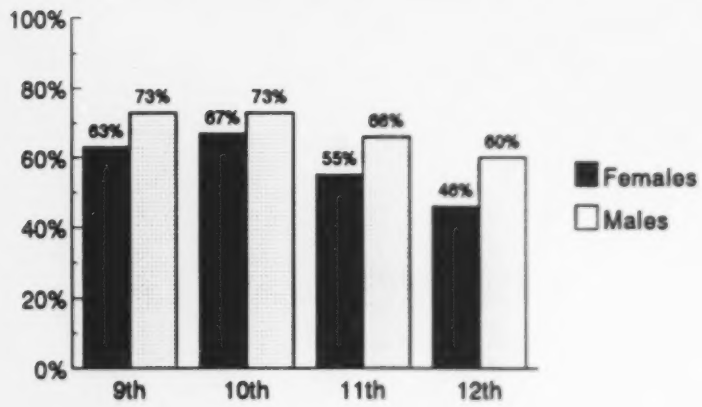
These questions measure participation in physical activity, physical education classes, and sports teams. Participation in regular physical activity helps build and maintain healthy bones and muscles, control weight, build lean muscle, and reduce fat; reduces feelings of depression and anxiety; and promotes psychological well-being.[56] In the long term, regular physical activity decreases the risk of dying prematurely, dying of heart disease, and developing diabetes, colon cancer, and high blood pressure.[56] Major decreases in vigorous physical activity occur during grades 9-12, particularly for girls; by 11th grade, more than half of female students are not participating regularly in vigorous physical activity.[56] School physical education classes can increase adolescent participation in moderate to vigorous physical activity[57,58] and help adolescents develop the knowledge, attitudes, and skills they need to engage in lifelong physical activity.[59] Daily participation in physical education class has dropped from 42% in 1991 to 25% in 1995.[56]

Results: The results for Questions 90 - 95 are summarized on pages 70 - 72.

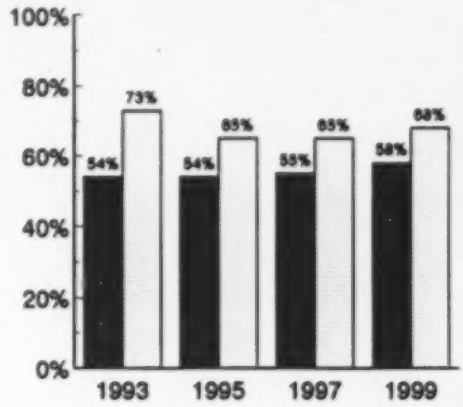
Question 90

Percentage of respondents who exercised or participated in physical activities for at least 20 minutes that made them sweat and breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities during 3 or more of the past 7 days = 63%

Responses by Grade



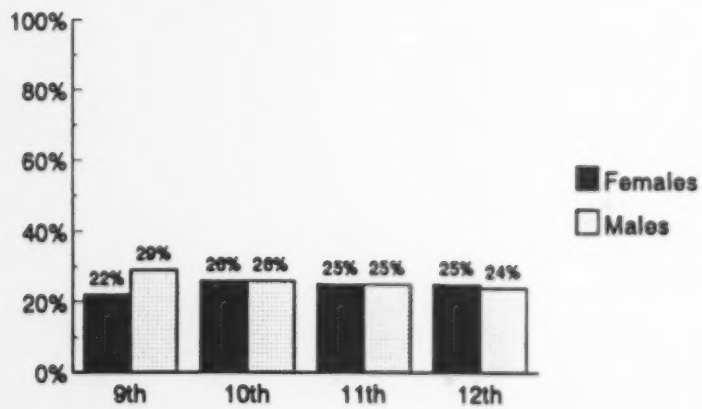
Responses by Year



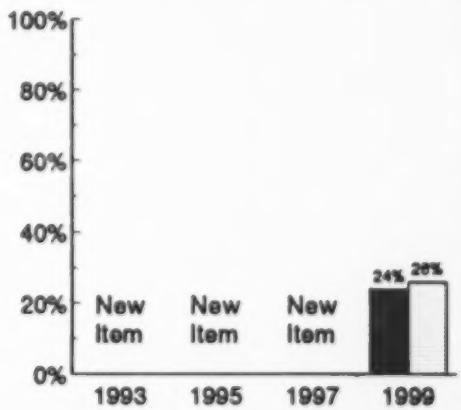
Question 91

Percentage of respondents who participated in physical activities for at least 30 minutes that did not make them sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, or mopping floors during 5 or more of the past 7 days = 25%

Responses by Grade



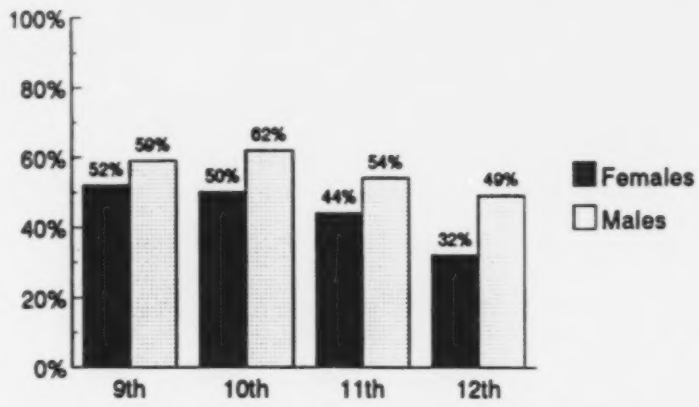
Responses by Year



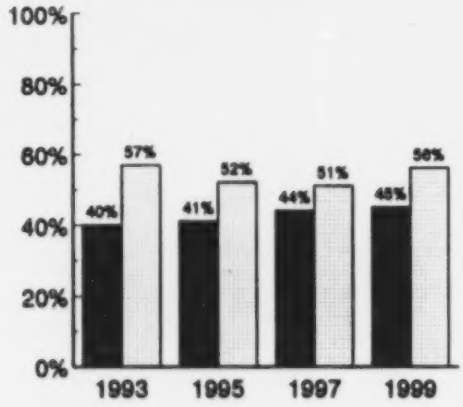
Question 92

Percentage of respondents who did exercises to strengthen or tone their muscles, such as push-ups, sit-ups, or weight lifting, during 3 or more of the past 7 days = 51%

Responses by Grade



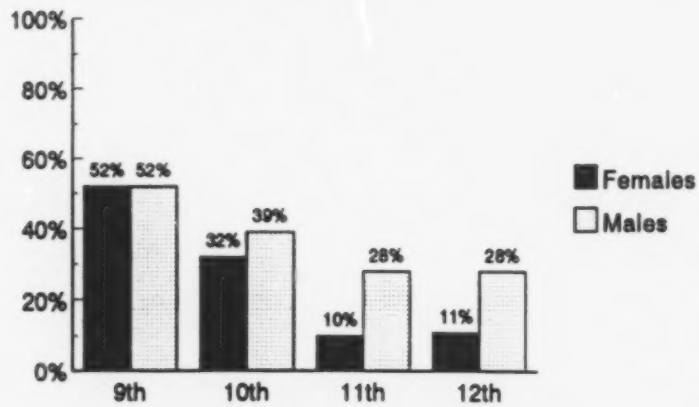
Responses by Year



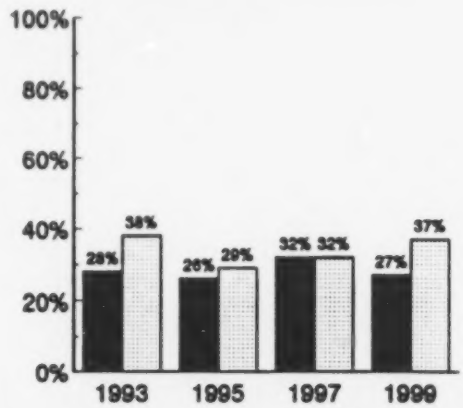
Question 93

Percentage of respondents who went to physical education class one or more days in an average school week = 32%

Responses by Grade



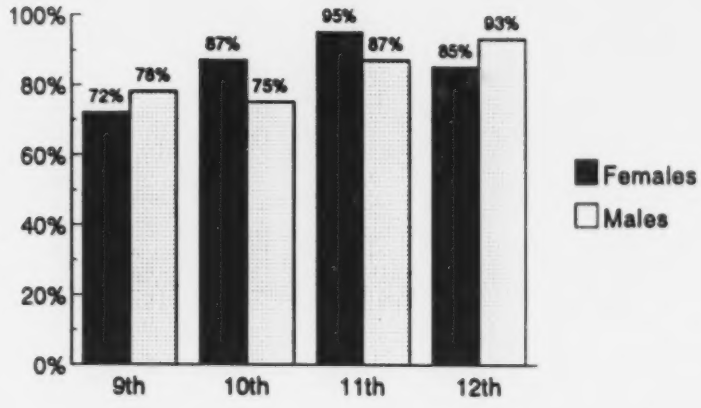
Responses by Year



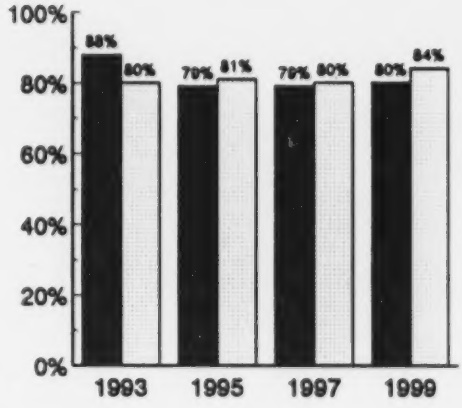
Question 94

Of respondents enrolled in physical education class, the percentage who exercised or played sports more than 20 minutes during an average physical education class = 82%

Responses by Grade



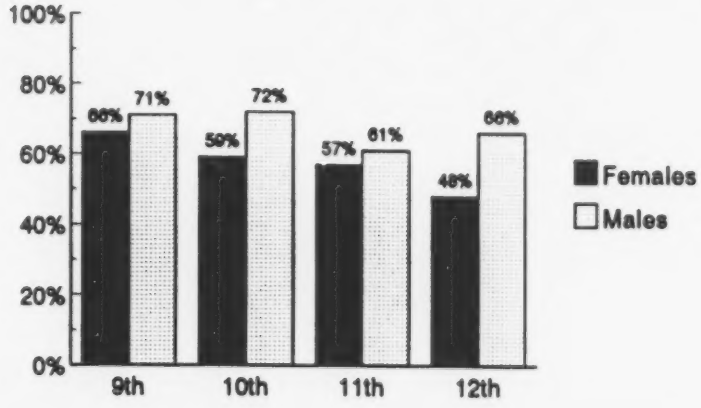
Responses by Year



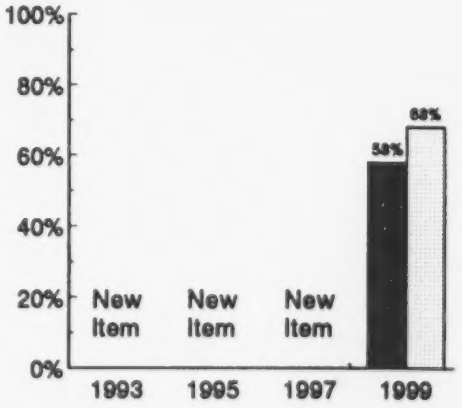
Question 95

Percentage of respondents who played on one or more sports teams during the past 12 months = 63%

Responses by Grade



Responses by Year



References

1. Centers for Disease Control and Prevention. Injury-control recommendations: Bicycle helmets. Morbidity and Mortality Weekly Report 44:1-17, 1995.

2. Sosin DS, Sacks JJ, Holmgreen P. Head injury-associated deaths from motorcycle crashes: relationship to helmet-use laws. Journal of the American Medical Association 264:2395-2399, 1992.

3. Johnson RM, McCarthy MC, Miller SF, Peoples JB. Craniofacial trauma in injured motorcyclists: the impact of helmet usage. Journal of Trauma 38:876-878, 1995.

4. Centers for Disease Control and Prevention. Head injuries associated with motorcycle use – Wisconsin 1991. Morbidity and Mortality Weekly Report 43:423, 429-431, 1994.

5. National Highway Traffic Safety Administration. Final Regulatory Impact Analysis: Amendment of FMVSS No. 208 – Passenger Car Front Seat Occupant Protection. Washington DC: U.S. Department of Transportation, 1984.

6. National Center for Health Statistics. Report of Final Mortality Statistics, 1995. Monthly Vital Statistics Report 45(11, supplement 2), 1997.

7. Centers for Disease Control and Prevention. Involvement by young drivers in fatal motor-vehicle crashes – United States, 1988-1995. Morbidity and Mortality Weekly Report 45:1049-1053, 1996.

8. National Highway Traffic Safety Administration. The Economic Costs of Motor Vehicle Crashes, 1994. Washington, DC: U.S. Department of Transportation, 1995.

9. Baker SP, O'Neill B, Ginsburg MJ, Li G. The Injury Fact Book. New York: Oxford University Press, 1992.

10. National Center for Health Statistics. Births and Deaths: United States, 1996. Monthly Vital Statistics Report 46(1, supplement 2), 1997.

11. Rosenberg ML, O'Carroll PW, Powell KE. Let's be clear. Violence is a public health problem. Journal of the American Medical Association 267:3071-3072, 1992.

12. National Center for Education Statistics. Violence and Discipline Problems in U.S. public schools: 1996-1997. U.S. Department of Education. Washington, DC: 1998.

13. Ross JC, Einhaus KE, Hohenemser LK, Greene BZ, Kann L, Gold RS. School health policies prohibiting tobacco use, alcohol and other drug use, and violence. Journal of School Health 65:333-338, 1995.

14. Cotton NU, Resnick J, Browne DC, Martin SL, McCarraher DR, Woods J. Aggression and fighting behavior among African-American adolescents: Individual and family factors. American Journal of Public Health 84:618-622, 1994.

15. Avery-Leaf S, Cascardi M, O'Leary KD, Cano A. Efficacy of a dating violence prevention program on attitudes justifying aggression. Journal of Adolescent Health 21:11-17, 1997.

16. Davis TC, Peck GQ, Storment JM. Acquaintance rape and the high school student. Journal of Adolescent Health 14:220-224, 1993.

17. Hartman CR, Burgess AW. Treatment of victims of rape trauma. In J.P. Wilson & B. Raphael (Eds.), International handbook of traumatic stress syndromes (pp. 507-516). New York: Plenum Press, 1993.

18. Erickson PI, Rapkin AJ. Unwanted sexual experiences among middle and high school youth. Journal of Adolescent Health, 12:319-325, 1991.

19. Golding JM. Sexual assault history and physical health in randomly selected Los Angeles women. Health Psychology, 13:130-138, 1994.

20. U.S. Department of Health and Human Services. Prevention '89/'90: Federal Programs and Progress. Washington, DC: U.S. Government Printing Office, 1990.

21. U.S. Department of Health and Human Services. Preventing Tobacco Use Among Young People: A Report of the Surgeon General. Washington, DC: U.S. Government Printing Office, 1994.

22. Centers for Disease Control and Prevention. Smoking-attributable mortality and years of potential life lost- United States, 1988. Morbidity and Mortality Weekly Report 40:62-62, 69-71, 1991.

23. Centers for Disease Control and Prevention. Accessibility to minors of cigarettes from vending machines – Broward County, Florida, 1996 Morbidity and Mortality Weekly Report 45:1036-1038, 1996.

24. Food and Drug Administration. Regulations restricting the sale and distribution of cigarettes and smokeless tobacco products to protect children and adolescents – final rule. Federal Register 61:41, 314-375, 1996.

25. US Department of Health and Human Services. Spit tobacco and youth. US Department of Health and Human Services, Office of Inspector General. Publication No. OEI 06-92-00500, 1992.

26. Centers for Disease Control and Prevention. Cigar smoking among teenagers – United States, Massachusetts, and New York, 1996. Morbidity and Mortality Weekly Report 46:433-440, 1997.

27. Centers for Disease Control and Prevention. Tobacco use among high school students – United States, 1997. Morbidity and Mortality Weekly Report 47:229-233, 1998.

28. Centers for Disease Control and Prevention. Alcohol-related traffic fatalities among youth and young adults – United States, 1982—1989. Morbidity and Mortality Weekly Report 40:178-179, 185-187, 1991.

29. Wechsler H, Dowdall GW, Davenport A, Castillo S. Correlates of college student binge drinking. American Journal of Public Health 85:921-926, 1995.

30. Garrison CZ, McKeown RE, Valois RF, Vincent ML. Aggression, substance use, and suicidal behaviors in high school students. American Journal of Public Health 83:179-184; 1993.

31. Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. Psychological Bulletin 112:64-105, 1992.

32. Blanken AJ. Measuring use of alcohol and other drugs among adolescents. Public Health Reports 108:25-30, 1993.

33. Morris L, Warren CW, Aral SO. Measuring adolescent sexual behaviors and related health outcomes. Public Health Reports 108:31-36, 1993.

34. Hofferth SL, Hayes CD (eds.). Risking the Future: Adolescent Sexuality, Pregnancy, and Childbearing. Panel on Adolescent Pregnancy and Childbearing, Committee on Child Development Research and Public Policy, Commission on Behavioral and Social Sciences and Education, National Research Council, Washington, DC: National Academy Press, 1987.

35. Centers for Disease Control and Prevention. Contraceptive practices before and after an intervention promoting condom use to prevent HIV infection and other sexually transmitted diseases among women – selected U.S. sites, 1993-1995. Morbidity and Mortality Weekly Report 46:373-377, 1997.

36. Collins JL, Small ML, Kann L, Pateman BC, Gold RS, Kolbe LJ. School health education. Journal of School Health 65:302-311, 1995.

37. Centers for Disease Control and Prevention. Abortion surveillance – United States, 1995. Morbidity and Mortality Weekly Report 47(No. SS-2):31-89.1998.

38. National Center for Health Statistics. Report of final natality statistics, 1996. Monthly Vital Statistics Report 46(11), 1998.

39. National Center for Health Statistics. Fertility, family planning, and women's health: New data from the 1995 National Survey of Family Growth. Vital and Health Statistics Series 23: No. 19, 1997.

40. Bowlin SJ, Morrill BD, Nafziger AN, Jenkins PJ, Lewis C, Pearson TA. Validity of cardiovascular disease risk factors assessed by telephone survey: the Behavioral Risk Factor Survey. Journal of Clinical Epidemiology 46:561-571, 1993.

41. Hauck FR, White L, Cao G, Wsoolf N, Strauss K. Inaccuracy of self-reported weights and heights among American Indian adolescents. Annals of Epidemiology 5:386-392, 1995.

42. Galuska DA, Serdula M, Pamuk E, Siegel PZ, Byers T. Trends in overweight among US adults from 1987 to 1993: a multistate telephone survey. American Journal of Public Health 86:1729-1735,1996.

43. Troiano RP, Flegal KM. Overweight children and adolescents: description, epidemiology, and demographics. Pediatrics 101:497-504, 1998.

44. Public Health Service. The Surgeon General's Report on Nutrition and Health. Washington, DC: US Department of Health and Human Services, Public Health Service, 1988. DHHS publication no. (PHS) 88-50210.

45. Dietz WH. Health consequences of obesity in youth: childhood predictors of adult disease. Pediatrics 101:518-525, 1998.

46. French SA, Jeffery RW. Consequences of dieting to lose weight: effects on physical and mental health. Health Psychology 13:195-212, 1994.

47. Serdula MK, Collins ME, Williamson DF, Anda RF, Pamuk ER, Byers TE. Weight control practices of US adolescents. Annals of Behavioral Medicine 119:667-671, 1993.

48. Story M, French SA, Resnick MD, Blum RW. Ethnic and socioeconomic status differences in dieting behaviors and body image perceptions in adolescents. International Journal of Eating Disorders 18:173-179, 1995.

49. Whitaker A, Davies M, Shaffer D, Johnson J, Abrams S, Walsh BT, Kalikow K. The struggle to be thin: a survey of anorexic and bulimic symptoms in a non-referred adolescent population. Psychological Medicine 19:143-163, 1989.

50. Serdula MK, Byers T, Mkdad AH, Simoes E, Mendlein JM, Coates RJ. The association between fruit and vegetable intake and chronic disease risk factors. Epidemiology 7:161-165, 1996.

51. U.S. Department of Health and Human Services, Food and Drug Administration. Notice of final rule: food labeling: health claims and label statements; dietary fiber and cancer. Federal Register, January 5, 1993: 2537-2552.

52. U.S. Department of Agriculture, Agricultural Research Service. Unpublished data from the 1994-96 Continuing Survey of Food Intakes by Individuals. February 1998.

53. U.S. Department of Agriculture, Agricultural Research Service. Unpublished data from the 1989-91 Continuing Survey of Food Intakes by Individuals. February 1998.

54. National Center for Health Statistics, Centers for Disease Control and Prevention. Unpublished data from the 1988-94 National Health and Nutrition Examination Survey. May 1998.

55. NIH Consensus Development on Optimal Calcium Intake. Optimal calcium intake. Journal of the American Medical Association 272:1942-1948, 1994.

56. U.S. Department of Health and Human Services. Physical Activity and Health: A Report of the Surgeon General. Atlanta: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 1996.

57. McKenzie KL, Nader PR, Strikmiller PK, Yang M, Stone EJ, Perry CL, Taylor WC, Epping JM, Feldman HA, Luepker RV, Kelder SH. School physical education: effect of the Child and Adolescent Trial for Cardiovascular Health. Preventive Medicine 25:423-431, 1996.

58. Sallis JF, McKenzie TL, Alcaraz JE, Kolody B, Faucette N, Hovell MF. The effects of a 2-year physical education program (SPARK) on physical activity and fitness in elementary school students. American Journal of Public Health 87:1328-1334, 1997.

59. Centers for Disease Control and Prevention. Guidelines for school and community programs to promote lifelong physical activity among young people. Morbidity and Mortality Weekly Report 46(No. RR-6):1-36, 1997.

Resources

South Dakota Department of Education and Cultural Affairs
Division of Education Services and Resources
Office of Comprehensive Services for Children and Families

700 Governors Drive
Pierre, SD 57501
Fax #: 605-773-6846
http://www.state.sd.us/deca/

Programs

Coordinated School Health
605-773-3261
http://www.state.sd.us/state/executive/deca/compser/csh.htm

Child and Adult Nutrition Services
605-773-3413
http://www.state.sd.us/deca/compser/chn.htm

Training

Curriculum Training is offered in a variety of curricula within the scope of Comprehensive School Health Education. For more information about upcoming training events, contact Comprehensive School Health Education at 773-3261.

Coordinated School Health Approach – 8 Component Model

Nutrition Education Training for Elementary School Teachers

Health Education and Physical Education Standards and Assessment Training

SD School Food Service Certification Institute

Special topics upon request with emphasis on tobacco prevention, nutrition, physical activity, HIV/AIDS within the context of comprehensive school health education.

Resources

South Dakota Health Education Standards-Guidelines for Achieving Health Literacy
Approved January 2000.

South Dakota Physical Education Standards
Approved January 2000.

School Health Education Profile for Elementary and Secondary Schools - 1998
A report of the status of health education of South Dakota schools.

Health is Academic – A Guide to Coordinated School Health Programs
Available at the State Library (1-800-423-6665)

Emergency Guidelines for South Dakota Schools
Guidelines for helping an ill or injured student when the school nurse is not available.

Fun with Foodella
Nutrition workbook for 2nd grade students and teacher's guide, free to SD teachers and students.

Ideas for Nutrition Partnerships – Nourishment for the Mind
A collection of best practices in nutrition education implemented in SD schools.

Fit, Healthy and Ready to Learn (www.nasbe.org)
An education policy guide on physical activity, healthy eating and tobacco use prevention

Center for Disease Control (CDC) Division of Adolescent School Health Publications:
(Download from http://www.cdc.gov/nccdphp.dash/index.htm)

Guidelines for Effective School Health Education to Prevent the Spread of AIDS
Guidelines for School & Community Programs to Promote Lifelong Physical Activity
Guidelines for School Health Programs to Promote Lifelong Healthy Eating
Guidelines for School Health Programs to Prevent Tobacco Use and Addiction

Youth 97 CD-ROM - A free CD ROM program for making the Youth Risk Behavior Survey a more useful decision–making tool.

Research to Classroom Project – Curriculum and Evaluation Fact Sheets
The purpose of this project was to identify health education programs that have credible evidence of reducing health risk behaviors among youth. To date, the Research to Classroom project has selected five HIV prevention Programs That Work (PTW) including Be Proud! Be Responsible!, Becoming a Responsible Teen, Focus on Kids, Get Real About AIDS, and Reducing the Risk. In addition, two tobacco prevention PTW including Life Skills Training and Project TNT.

Programs That Work (PTW) – National Health Education Standards Analysis, October 1999
An analysis for the each of the PTW has been objectively studied and analyzed according to the seven National Health Education Standards.

South Dakota Department of Health

Office of Health Promotion - Office of Family Health-Office of Disease Prevention
615 E. 4th Street
Pierre, SD 57501
Phone: 605-773-3737
Fax #: 605-773-5509
http://www.state.sd.us/doh/

South Dakota Department of Human Services
Division of Alcohol & Drug Abuse

E Highway 34 c/o 500 E Capitol
Pierre, SD 57501
605-773-3123
Prevention Coordinator
Tobacco Prevention Coordinator
www.state.sd.us/dhs

Regional Prevention Rescue Centers (PRC)

Northeastern Alcohol and Drug Abuse Prevention Resource Center
A Program of the Human Services Agency
123 19th Street NE
Watertown, SD 57201-6030
605-886-0123 hsaneprc@dailypost.com

Southeastern Alcohol and Drug Abuse Prevention Resource Center
1000 North West Ave Suite # 300
Sioux Falls, SD 57104
605-335-6474 seprc@midco.net

Western Alcohol and Drug Abuse Prevention Resource Center
819 Main St Suite 204
PO Box 2813
Rapid City, SD 57709
605-399-0833 wprc@rapidnet.com

Training

Principles of Effectiveness
Student Assistance Programs
Teens Against Tobacco Use (TATU)
Natural Helpers
Prevention Forums
Walking the Talk (Parenting as Prevention)
Smoking Cessation
Risk & Resiliency
Improvisational Theater

Other drug or violence prevention related trainings are available upon request. Call your local PRC for more information.

Resources
Audio/Visual Materials
Curriculums
Tobacco Information

2500 copies printed at a cost of $1.60 ea.

This project completed with support provided by a Cooperative Agreement #U87-CCU809021-07-1 with the Division of Adolescent and School Health, Center for Chronic Prevention & Health Promotion, Centers for Disease Control and Prevention, Atlanta GA 30333

Healthy Children Healthy Future
FOR SOUTH DAKOTA

Coordinated School Health

BEST COPY AVAILABLE